2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 28, 2007 8:00 am Secretary of State **DOCUMENT # 707831** 08-28-2007 90024 035 ****61.25 PENSACOLA SISTER CITIES INTERNATIONAL, INC. Principal Place of Business Mailing Address PO BOX 9131 PO BOX 9131 PENSACOLA FL 32513-9131 PENSACOLA FL 32513-9131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 2nd MOORE CR2E037 (4/07) City & State City & State 4. FEI Number Applied For 59-1110437 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Homar PRICE, MARIE E Box Number is Not Acceptable) Bonway Prive 3225 BAY ST. **GULF BREEZE FL 32561** Zip Code 3250 onsacola 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents SIGNATURE Signature, typed or printed name of registered (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 5, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITI E ☐ Delete OITLE 7 Addition CRENSHAW, SARA W. NAME NAME 2013 DOWNING DR STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST(ZIP) TD TITLE Delete TITLE Change Addition LAMB, DANIELLE NAME NAME 2067 PINE RANCH DR STREET ADDRESS STREET ADDRESS 4220 Bonway Drive NAVARRE FL 32566 CITY-ST-ZIP HILL L. Delete TITLET Change Addition NAME SCHERCK, LYDIA NAME 7203 PINE FOREST BD STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition PRICE, MARIBETH NAME NAME Victor Kojas STREET ADDRESS PO BOX 785 STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL 32563 CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. Hmelia Asmar SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if