## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 21, 2008 8:00 am Secretary of State **DOCUMENT # 707831** 1. Entity Name 05-21-2008 90022 028 \*\*\*\*61.25 PENSACOLA SISTER CITIES INTERNATIONAL, INC. Principal Place of Business Mailing Address PO BOX 9131 PO BOX 9131 PENSACOLA FL 32513-9131 US PENSACOLA FL 32513-9131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 59-1110437 Not Applicable 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 ASMAT, AMELIA 4220 BONWAY DRIVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 Zip Code 8. The above named entity stibmits 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State · . # OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ■ Addition CRENSHAW, SARA W. NAME NAME STREET ADDRESS 2013 DOWNING DR STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Addition ASMER, AMELIA NAME NAME 45 mar 4220 BONWAY DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie Addition SCHERCK, LYDIA NAME MANAG STREET ADDRESS 7203 PINE FOREST RD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-7IP V) THILE ☐ Delete TITLE Director Change Addition ROJAS, VICTOR NAME 1820 EAST JORDAN STREET STREET ADDRESS STREET ACCRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 oath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: