

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707831

FILED
Apr 30, 2009
Secretary of State

Entity Name: PENSACOLA SISTER CITIES INTERNATIONAL, INC.

Current Principal Place of Business:

PO BOX 9131
PENSACOLA, FL 325139131 US

New Principal Place of Business:

4220 BONWAY DRIVE
PENSACOLA, FL 32504 US

Current Mailing Address:

PO BOX 9131
PENSACOLA, FL 325139131 US

New Mailing Address:

FEI Number: 59-1110437 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ASMAT, AMELIA
4220 BONWAY DRIVE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

ASMAR, AMELIA
4220 BONWAY DRIVE
PENSACOLA, FL 32504 US

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.

SIGNATURE: AMELIA ASMAR

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRENSHAW, SARA W.
Address: 2013 DOWNING DR
City-St-Zip: PENSACOLA, FL 32505

Title: ST () Delete
Name: ASMAR, AMELIA
Address: 4220 BONWAY DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: SCHERCK, LYDIA
Address: 7203 PINE FOREST RD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: ROJAS, VICTOR
Address: 1820 EAST JORDAN STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMELIA ASMAR

SECT

04/30/2009

Electronic Signature of Signing Officer or Director

Date