

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 10, 2012**  
**Secretary of State**

DOCUMENT# 707831

**Entity Name:** PENSACOLA SISTER CITIES INTERNATIONAL, INC.**Current Principal Place of Business:**100 NIGHTINGALE LANE  
GULF BREEZE, FL 32561 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:**LUBKOWITZ, ADELA FERNANDE  
100 NIGHTINGALE LANE  
GULF BREEZE, FL 32561 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

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P  
**Name:** HARPER, NANETTE  
**Address:** 45 VIA DE LUNA  
**City-St-Zip:** PENSACOLA BEACH, FL 32561 US**Title:** VPST  
**Name:** LUBKOWITZ, ADELA FERNANDZ  
**Address:** P.O. BOX 178  
**City-St-Zip:** GULF BREEZE, FL 32562**Title:** ST  
**Name:** ASMAR, AMELIA  
**Address:** P.O. BOX 185  
**City-St-Zip:** PENSACOLA, FL 32591

I hereby 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 all other like empowered.

SIGNATURE: NANETTE HARPER

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date