

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90020 049 ****61.25

DOCUMENT # 728474

1. Entity Name
JACKSONVILLE SISTER CITIES ASSOCIATION, INC.



Principal Place of Business

117 W. DUVAL STREET

SUITE M-155
JACKSONVILLE, FL 32202 US

Mailing Address

117 W. DUVAL STREET

SUITE M-155
JACKSONVILLE, FL 32202 US

40035610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

City & State

Zip

Country

Zip

Country

02192008

Chg-NP

CR2E037 (12/06)

4. FEI Number
23-7355928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANIS, STEVE
1135 LINKSIDE CT W.
ATLANTIC BEACH, FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVPD
WOOD, JANE
11802 MAGNOLIA FALLS DR
JACKSONVILLE, FL 32258 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HERRALD JONKERS
3995 PEBBLE BROOK CIRCLE S.
ORANGE PARK, FL 32065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MANIS, STEVE
1135 LINKSIDE CT. W
ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVPD
ROBERT VAN WINKEL
4237 SALISBURY RD. #402
JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MANIS, STEVE
1135 LINKSIDE CT. W
ATLANTIC BEACH, FL 32233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
JENNIFER SARICH
7077 BONNEVAL RD. #380
JACKSONVILLE FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE MANIS

Date

2/26/08

Daytime Phone #

904-2653085