

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728474

FILED
Mar 19, 2009
Secretary of State

Entity Name: JACKSONVILLE SISTER CITIES ASSOCIATION, INC.

Current Principal Place of Business:

117 W. DUVAL STREET
SUITE 305
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

117 W. DUVAL STREET
SUITE 305
JACKSONVILLE, FL 32202 US

Current Mailing Address:

117 W. DUVAL STREET
SUITE 305
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 23-7355928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONKERS, HARRALD
Address: 3995 PEBBLE BROOK CIRCLE S.
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: MANIS, STEVE
Address: 1135 LINKSIDE CT. W
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S () Delete
Name: SARICH, JENNIFER
Address: 7077 BONN EVAL RD. #380
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONKERS, HARRALD
Address: 117 W. DUVAL STREET
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: S (X) Change () Addition
Name: TRIFILETTI, RACHEL
Address: 1104 SECRET COVE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Change (X) Addition
Name: TRIFILETTI, JOHN
Address: 1104 SECRET COVE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

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: STEVE MANIS

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date