


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 023 ****61.25

DOCUMENT # N03000000268					
1. Entity Name THE GREATER BOYNTON BEACH SISTER CITIES COMMITTEE, INC.					
Principal Place of Business 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435			Mailing Address 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 82-0585244	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEAVILIN, JEANNE 734 NE 9TH AVENUE BOYNTON BEACH, FL 33435			Name Street Address (P.O. Box Number is Not Acceptable) City		
HEAVILIN, JEANNE 734 NE 9TH AVENUE BOYNTON BEACH, FL 33435			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 <i>Jeanne Heavilin</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <i>4/19/06</i> (NOTE: Registered Agent signature required when registering)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BROENING, GERALD 820 NORTH ROAD BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, CAROL 2515 NE 2ND CT #112 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARLO, DAN 19 BAYTREE CIRCLE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGERMAN, DALE 150 LAS BRISAS CIRCLE HYPOLUXO, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAVILIN, JEANNE 734 NE 9TH AVENUE BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCOIS, CHRIS 65 SPANISH RIVER DRIVE OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TREASURER WILLIAMS, JAMES R. 9268 LAKE SERENA DR BOCA RATON, FL 33496				
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: <i>Jeanne Heavilin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <i>4/19/06</i> DAYTIME PHONE # <i>561-901-8714</i>		