

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000268

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** THE GREATER BOYNTON BEACH SISTER CITIES COMMITTEE, INC.

**Current Principal Place of Business:**

100 E BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

100 E BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 82-0585244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEAVILIN, JEANNE  
734 NE 9TH AVENUE  
BOYNTON BEACH, FL 33435 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: D ( ) Delete  
Name: NOREN, STORMET  
Address: 800 W. BOYNTON BEACH BLVD  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete  
Name: MILLER, CAROL  
Address: 2515 NE 2ND CT #112  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: FINTON, DON  
Address: 700 E. BOYNTON BEACH BLVD #403  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 9268 LAKE SERENA DR  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: GARCIA, JUDITH DR.  
Address: 505 S. CONGRESS AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V/S ( ) Delete  
Name: FRANCOIS, CHRIS  
Address: 65 SPANISH RIVER DRIVE  
City-St-Zip: OCEAN RIDGE, FL 33435

**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:

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: JEANNE HEAVILIN

P

04/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date