

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N04888** (6)  
1. Corporation Name  
**TALLAHASSEE-KRASNODAR SISTER CITIES PROGRAM, INC**



Principal Place of Business Mailing Address  
**110 FERNDAL DR.**  
**TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **08/28/1984** 3a. Date of Last Report **06/26/1995**  
4. FEI Number **59-2477518** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **1629 Kelly Street**  
22 City & State 27 Suite, Apt. #, etc.  
23 **Tallahassee Florida**  
24 Zip 25 Country 28 **32310** 29 **USA**  
30

9. Name and Address of Current Registered Agent  
**MOORE, CHRISTIE**  
**110 FERNDAL DRIVE**  
**TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent  
81 Name **Robert Broedel**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1629 Kelly Street**  
83  
84 City **Tallahassee** FL 85 Zip Code **32310**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert L. Broedel* **ROBERT L. BROEDEL** **28 July 96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROEDEL, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1629 KELLY ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEADLY, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>449 W. GEORGIA ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PDT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, CHRISTIE</b>	3.2 NAME	
STREET ADDRESS	<b>110 FERNDAL DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANEN, RON</b>	4.2 NAME	
STREET ADDRESS	<b>1401 LOLA DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christie Moore* **Christie Moore** **6/18/96** **(904) 877-7587**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)