2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006893

FILED Mar 09, 2009 Secretary of State

Entity Name: TALLAHASSEE-KRASNODAR SISTER CITIES PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business: 1629 KELLY STREET TALLAHASSEE, FL 32310 **Current Mailing Address: New Mailing Address:** PO BOX 20049 TALLAHASSEE, FL 32316 US FEI Number: 59-2477518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROEDEL, ROBERT 1629 KELLY STREET TALLAHASSEE, FL 32310 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete BROEDEL, ROBERT Name: Name: 1629 KELLY STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 US City-St-Zip: Title: VP 1 () Delete Title: () Change () Addition RODGERS, LANI Name: Name: Address: 2428 RYAN PLACE Address: City-St-Zip: TALLAHASSEE, FL 32309 US City-St-Zip: Title: VP 2 () Delete Title: SEC (X) Change () Addition OBRZUT, JOHN PATE, ERIC Name: Name: 2028 FOREST GLEN CT Address: Address: 1948 QUEENSWOOD DRIVE City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: TALLAHASSEE, FL 32308 US Title: **TRES** () Delete Title: **TRES** (X) Change () Addition Name: TAYLOR, ANTHONY Name: JONES, TAYLOR 4541 HICKORY FOREST CIRCLE Address: 4510 MAHAN DR Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32303 US Title: SEC () Delete Title: (X) Change () Addition TAYLOR, NADEJDA STEUER, PETER Name: Name: 4510 MAHAN DR 305 CHESTNUT STREET Address: Address: TALLAHASSEE, FL 32303 US City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 US Title: () Delete Title: () Change (X) Addition CONTE. PHILLIP Name: Name: Address: Address: 3994 GAFFNEY LOOP TALLAHASSEE, FL 32303 City-St-Zip: 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: ROBERT L BROEDEL PRES 03/09/2009