2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# N10000000396

Entity Name: SISTER CITY PROGRAM OF COCOA FLORIDA, INC.

Current Principal Place of Business:

400 STONEHENGE CIRCLE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

322 SCENIC DRIVE
COCOA, FL 32926

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, HAL
322 SCENIC DRIVE
COCOA, FL 32926 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: P
Name: SHELTON, RON
Address: 400 STONEHENGE CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP
Name: MOORE, HAL
Address: 322 SCENIC DRIVE
City-St-Zip: COCOA, FL 32926

Title: S
Name: MARIN, ALFRED H
Address: 335 OUTER DRIVE
City-St-Zip: COCOA, FL 32926

Title: T
Name: SINGER, LORA
Address: 205 PALMETTO AVENUE UNIT 703
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D
Name: BARNAVON, ZIVA
Address: 1308 GLEN CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: SCHUYT, CHARLOTTE
Address: 3217 ELM TERRACE
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: ALFRED H MARIN S 03/03/2011

Electronic Signature of Signing Officer or Director — Date