

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28930

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE ST. AUGUSTINE SISTER CITIES ASSOCIATION, INC.

Current Principal Place of Business:

C/O CITY OF AUGUSTINE
P O DRAWER 210
ST. AUGUSTINE, FL 320850210 US

New Principal Place of Business:

Current Mailing Address:

C/O CITY OF AUGUSTINE
P. O. DRAWER 210
ST. AUGUSTINE, FL 320850210 US

New Mailing Address:

FEI Number: 59-2924544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAY, WANDA B
28 COQUINA AVE
SAINT AUGUSTINE, FL 32080 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 () Delete
Name: ERNEST, CARMES
Address: 16 ST. JOHNS MEDICAL PARK DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: BROWN, STELLA
Address: 7436 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: RS () Delete
Name: BRAY, WANDA
Address: 28 COQUINA AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: V () Delete
Name: BARRETT, LISA
Address: 3618 FIRST STREET
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD (X) Delete
Name: FAGUNDO, PAUL
Address: 15 WILLOW DR
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Delete
Name: O'BRIEN, RITA
Address: 937 LEW BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIPPI, CONSUELO
Address: 243 SHAMROCK
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THOMAS, RAYMA
Address: 468 ARRICOLA AVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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 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: WANDA BRAY

RS

04/24/2006

Electronic Signature of Signing Officer or Director

Date