



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 048 ****61.25

DOCUMENT # N28930 1. Entity Name THE ST. AUGUSTINE SISTER CITIES ASSOCIATION, INC.					
Principal Place of Business C/O CITY OF AUGUSTINE 75 KING ST. ST. AUGUSTINE FL 32084 US			Mailing Address C/O CITY OF AUGUSTINE P. O. BOX 210 ST. AUGUSTINE FL 32085-0210 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2924544				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent * BRAY, WANDA B 28 COQUINA AVE SAINT AUGUSTINE FL 32080				7. Name and Address of New Registered Agent Name JO ELLEN COLEMAN Street Address (P.O. Box Number is Not Acceptable) 23 LINDA MAR DRIVE City ST AUGUSTINE FL Zip Code 32080	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jo Ellen Coleman</i></u> JO ELLEN COLEMAN <u>04/11/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPPI, CONSUELO 243 SHAMROCK SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BROWN, STELLA 7436 A1A, SOUTH ST AUGUSTINE, FL 32080
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, STELLA 7436 A1A SOUTH SAINT AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BRAY, WANDA 28 COQUINA AVENUE ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, RAYMA 468 ARRICOLA AVE ST. AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COLEMAN, JO ELLEN 23 LINDA MAR DRIVE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jo Ellen Coleman</i></u> JO ELLEN COLEMAN <u>04/11/08</u> (904) 491-0160 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					