2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N28930

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

Current Principal Place of Business:

C/O CITY OF AUGUSTINE
75 KING ST.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O CITY OF AUGUSTINE
75 KING ST.
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-2924544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, JO ELLEN
23 LINDA MAR DRIVE
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:	BROWN, STELLA	
Address:	7436 A1A S	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	VP	( ) Delete
Name:	LENNON, BILL	
Address:	27 DOLPHIN DRIVE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	RS	( ) Delete
Name:	BRAY, WANDA	
Address:	28 COQUINA AVENUE	
City-St-Zip:	ST AUGUSTINE, FL 32080	
Title:	T	( ) Delete
Name:	COLEMAN, JO ELLEN	
Address:	23 LINDA MAR DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JO ELLEN COLEMAN TREA 01/20/2009

Electronic Signature of Signing Officer or Director — Date