


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90108 035 ****61.25

DOCUMENT # N31737 1. Entity Name GREATER FORT LAUDERDALE SISTER CITIES INTERNATIONAL, INC					
Principal Place of Business 101 N.E. 3RD AVENUE SUITE 300 FT. LAUDERDALE, FL 33301			Mailing Address 101 N.E. 3RD AVENUE SUITE 300 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0194426	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS, CHARLES V CPA 99 N.E. 17 COURT FT. LAUDERDALE, FL 33305				Name NAIMOLI, Steven P.	
				Street Address (P.O. Box Number is Not Acceptable) 1400 Bayview Dr #2	
				City Fort Lauderdale	
				State FL	
				Zip Code 33304	
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: <i>Steven P. Naimoli</i> Steven P. NAIMOLI 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAIMOLI, STEVEN P 101 N.E. 3RD AVE, SUITE 300 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SZCZESNY, HELENA 101 N.E. 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD UZELEC, CONI 101 N.E. 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CHARLES V 101 N.E. 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SCHUTTE, BERNHARD 101 N.E. 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIDMAN-MCGREGOR, BRENDA 101 N.E. 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO CAMERON, Betsy 101 N.E. 3rd Ave, Suite 300 FORT LAUDERDALE, FL. 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ALMEIDA, JAIR 101 N.E. 3rd Ave, Suite 300 FORT LAUDERDALE, FL. 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Steven P. Naimoli</i> Steven P. NAIMOLI 4/30/07 954-561-1400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					