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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31801 (6)

1. Corporation Name

NEW PORT RICHEY SISTER CITIES, INC.

Principal Place of Business

6232 MADISON STREET  
NEW PORT RICHEY FL 34652

Mailing Address

6232 MADISON STREET  
NEW PORT RICHEY FL 34652-27073. Date Incorporated or Qualified  
04/19/19893a. Date of Last Report  
02/06/1996

2. Principal Place of Business

21 5715 MAIN STREET

2a. Mailing Address

26 5715 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 NEW PORT RICHEY, FL

City &amp; State

28 NEW PORT RICHEY, FL

Zip

24 34652

Country

25 U.S.A.

Zip

29 34652

Country

30 U.S.A.

4. FEI Number

59-2941116

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GWYNN, ROBERT E  
6232 MADISON STREET  
NEW PORT RICHEY FL 34652

81 Name

PETER A. ALTMAN

82 Street Address (P.O. Box Number is Not Acceptable)

5715 MAIN STREET

83

84 City

NEW PORT RICHEY FL

85 Zip Code

34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

PETER A. ALTMAN

(NOTE: Registered Agent signature required when reinstating)

1/16/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GWYNN, ROBERT E.	
STREET ADDRESS	6232 MADISON STREET	
CITY - ST - ZIP	NEW PORT RICHEY FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14753 CAMP MACK ROAD
1.4 CITY - ST - ZIP	LAKE WALES FL 33853

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTMAN, PETER	
STREET ADDRESS	5920 MAIN STREET	
CITY - ST - ZIP	NEW PORT RICHEY FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5715 MAIN STREET
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TETREAU, ROGER	
STREET ADDRESS	4321 TIBURON DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GWYNN, TREASURER

Date

1/16/97

Daytime Phone # 0067935

CR2E037 (9/96)