

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36944 (9)

1. Corporation Name

TALLAHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY
PROGRAM, INC.

Principal Place of Business

Mailing Address

% THE WAREHOUSE
706 W. GAINES ST.
TALLAHASSEE FL 32304
US

% THE WAREHOUSE
706 W. GAINES ST.
TALLAHASSEE FL 32304
US



3. Date Incorporated or Qualified
03/07/1990

3a. Date of Last Report
04/28/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, JAY U
706 W. GAINES ST.
TALLAHASSEE FL 32304

81 Name

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

83

84 City

FL

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	FREASIER, ANNE H	407 JUNIUS ST.	THOMASVILLE GA 31792	<input checked="" type="checkbox"/>
VD	MCCAFFREY, PATRICK	112 EAST THIRD AVENUE	TALLAHASSEE FL 32303	<input type="checkbox"/>
TD	WILLIAMS, VINCENT	RT. 22, BOX 990G (SULLIVAN RD)	TALLAHASSEE FL 32310	<input type="checkbox"/>
SD	SCOTT, JANE	RT. 4, BOX 4143	MONTICELLO FL 32344	<input checked="" type="checkbox"/>
D	SCOTT, JAY	706 W. GAINES ST.	TALLAHASSEE FL 32304	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	MCCAFFREY, PATRICK	112 EAST THIRD AVENUE	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	FREASIER, ANNE H	407 JUNIUS ST.	THOMASVILLE GA 31792	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SD	TEN BUS, ERIC	3124 ELWOOD TRAIL	TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 904 222-6188

Date

Daytime Phone #

CR2E037 (3/96)