

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32304-4310
US

3. Date Incorporated or Qualified
03/07/1990

3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MCCAFREY, PATRICK	112 EAST THIRD AVENUE	TALLAHASSEE FL	<input type="checkbox"/>
VD	FREASIER, ANNE H.	407 JUNIUS ST.	THOMASVILLE GA	<input type="checkbox"/>
TD	WILLIAMS, VINCENT	RT. 22, BOX 890G (SULLIVAN RD)	TALLAHASSEE FL 32310	<input type="checkbox"/>
SD	TENBUS, ERIC	2124 ELWOOD TRAIL	TALLAHASSEE FL	<input type="checkbox"/>
D	SCOTT, JAY	706 W. GAINES ST.	TALLAHASSEE FL 32304	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	JOHN SULLIVAN	3717 DORSET WAY	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-222-6188

Date

4/2/97

Daytime Phone # 0008184

FILED
97 APR 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (9/96)