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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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 PD  
NAME SULLIVAN, JOHN  
STREET ADDRESS 3717 DORSET WAY  
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME FREASIER, ANNE H.  
STREET ADDRESS 407 JUNIUS ST.  
CITY-ST-ZIP THOMASVILLE GA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME WILLIAMS, VINCENT  
STREET ADDRESS RT-22, BOX 000G (SULLIVAN RD)  
CITY-ST-ZIP TALLAHASSEE FL 32310

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME TENBUS, ERIC  
STREET ADDRESS 2124 ELWOOD TRAIL  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME SCOTT, JAY  
STREET ADDRESS 706 W. GAINES ST.  
CITY-ST-ZIP TALLAHASSEE FL 32304

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(a), 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:

*John Scott*

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