FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS

FILED May 06 1998 8:00am Secretary of State

DOCUMENT # N36944 (9)											
TALLAHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY PROGRAM, INC.											
Principal Place of Business Mailing Address								jeni odbil odbil odbil s			
* THE WAREHOUSE								3. Date Incorporated or Qualified			
706 W. GAINES TALLAHASSEE				706 W. GAINES ST. TALLAHASSEE FL 32304				03/07/1990			
US			US	U\$				4. FEI Number	h	pplied For	
2. Principal Place of Business 2a. Mailing Ar					38			NOT APPLICABLE		ot Applicable	
21	1000 01 0000	1033	26					5. Certificate of Status Desired	+ +	Additional leguired	
Sulte, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00		
22			27					Trust Fund Contribution			
City & Stat	10		— <u> </u>	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Zip Country			Zip Country			+	8. This corporation owes or has paid th		tanoible	
24	25			29 30			Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Registe	ered Agent		
						Name)				
SCOTT, JAY U					82	Street	Addres	Address (P.O. Box Number is Not Acceptable)			
708 W. GAINES ST.					63	-					
TALLAHASSEE FL 32304											
					64	City			FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-nar							d corpor	ation submits this statement for the purpo	ose of changing i	ts 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 nenie of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12,	Signature, typed		AND DIRECTORS		TE: Registered Ag	ent signatur	re required	vhen reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTOR	2S IN 12	
TITLE	PD	011102110		☐ DELETE	1.1 TITLE		T	7,0011,010,010,110,010	Change	Addition	
NAME	SULLIVAN, JOHN			1.2					_ •		
STREET ADDRESS	1	DRSET WAY		1.5			STREET ADDRESS			i	
CITY-ST-ZIP		ASSEE FL 32303									
TITLE	VD			DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	1	ER, ANNE H.				2.2 NAME					
STREET ADDRESS	THOUSENERS				2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	P THOMASVILLE GA TO DELETE					2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition	
NAME	WILLIAMS, VINCENT				3.7 TITLE		δu	llivan John		Manual Nation	
STREET ADDRESS	DT AS DAY SOOS (CHILDINAL DO)					ADDRESS	37	llivan John 17-Dorset Way VALASSEE FL 323			
CITY-ST-ZIP TALLAHASSEE FL 92910						3.4. CITY-ST-ZIP		VALACRE EL 323	03		
TITLE	SD			DELETÉ	4.1 TITLE		1.021	THURST TE SES	Change	Addition	
NAME	TENBUS				4. 2 NAME						
STREET ADDRESS					4.3 STREET	4.3 STREET ADDRESS					
CITY-ST-ZIP	_	ASSEE FL			4.4 City - S	T-ZIP					
TITLE	D	IAV		☐ DELET E	5.1 TITLE				L Change	Addition	
NAME OTDEET 4 DODGGG	SCOTT,	JAT GAINES ST.			5.2 NAME				•	み シー	
STREET ADDRESS		ASSEE FL 32304			5.3 STREET					5.6	
CITY-ST-ZIP TITLE	41.40-62.31	TOUR I E GEOUT		DELETE	5.4 CITY - S 6.1 TITLE	11 - £11"	 		Change	Addition	
NAME					6.2 NAME				onungo		
STREET ADDRESS					6.3 STREET	ADDRESS		300002513	122		
CITY-ST-ZIP					6.4 CITY-5			-05/06/9801051-	006		
	ertify that the	e information supplied	with this filing do	es not qualify f			ed in Se	ction 119.07(a)ri). Flortda Statutes. I furth		information	

Indicated on this annual report or supplied will finish limit does not quality for the exemptor stated in Section 1134, 1941. Forcia Statutes. 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.