

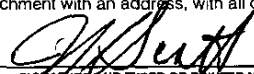


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36944 1. Entity Name TALLAHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY PROGRAM, INC.						FILED 04 APR 30 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business % THE WAREHOUSE 706 W. GAINES ST. TALLAHASSEE, FL 32304 US				Mailing Address % THE WAREHOUSE 706 W. GAINES ST. TALLAHASSEE, FL 32304 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number NOT APPLICABLE				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCOTT, JAY U 706 W. GAINES ST. TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME KERNS, TIMOTHY D STREET ADDRESS 403 NOTTINGHAM CT CITY-ST-ZIP TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete			TITLE PD NAME Gordon Scott STREET ADDRESS Rt. 4 Box 4143 CITY-ST-ZIP Monticello, FL 32344	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VD NAME SCOTT, JANE STREET ADDRESS RT. 4 BOX 4143 CITY-ST-ZIP MONTICELLO, FL 32344	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME SCOTT, JAY STREET ADDRESS 1941 GREENWOOD DR CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete			TITLE TD NAME John Sullivan STREET ADDRESS 3717 DORSET WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE SD NAME BURNS, PAUL STREET ADDRESS 2874 MANILA PALM CT CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete			TITLE SD NAME Jeni Scott STREET ADDRESS 1941 Greenwood Dr. CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME SCOTT, JAY STREET ADDRESS 706 W. GAINES ST. CITY-ST-ZIP TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				4/29/04 850.893.4395			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							