FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36986 (0)

1. Corporation Name

SISTER CITIES ASSOCIATION OF SARASOTA, INC.

Principal Place of Business	Mailing Address
% HOPE BYRNES 1327 COTTONWOOD TRAIL SARASOTA FL 34232	% HOPE BYRNES 1327 COTTONWOOD TRAIL SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 10/07/1994
4. FEI Number: 65-0178684 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BYRNES, HOPE
1565-1ST ST.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Hope Byrnes HOPE BYRNES 2-7-95
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	D	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	CLARET, JULIO	1.2 NAME	Crowell, Howard Lt. Gen.	
STREET ADDRESS	2201 RINGLING BLVD	1.3 STREET ADDRESS	3970 Prairie Dunes Dr.	
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	BYRNES, HOPE	2.2 NAME		
STREET ADDRESS	1327 COTTONWOOD TR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	PENDER, MICHAEL	3.2 NAME		
STREET ADDRESS	1565 1ST ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GIORDANO, JEFFREY A	4.2 NAME		
STREET ADDRESS	6437 HOLLYWOOD BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	DM	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIMM, DONNA	5.2 NAME		
STREET ADDRESS	1565-1ST ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP		
TITLE	DS	6.1 TITLE		☐ Change ☐ Addition
NAME	COUCH, BILL	6.2 NAME		
STREET ADDRESS	1819 MAIN ST., STE. 240	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP		

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: Donna J. Grimm 2-7-95 (813) 954-4115
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
DONNA F GRIMM

0003388