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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34232-3438

3. Date Incorporated or Qualified: **03/02/1990**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	CROWELL, LT. GEN. HOWAR		1.2 NAME		
STREET ADDRESS	3970 PRAIRIE DUNES DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	34-238	
TITLE	DP	☐ DELETE	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	34232-3438	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	PENDER, MICHAEL		3.2 NAME		
STREET ADDRESS	6639 WATERFORD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	34238-2639	
TITLE	D	☒ DELETE	4.1 TITLE	DV	☐ Change ☒ Addition
NAME	GIORDANO, JEFFREY A		4.2 NAME	ROBERT JOHNSON	
STREET ADDRESS	6437 HOLLYWOOD BLVD.		4.3 STREET ADDRESS	27 S. ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL, 34236	
TITLE	DS	☒ DELETE	5.1 TITLE	DS	☐ Change ☒ Addition
NAME	COUCH, BILL		5.2 NAME	LORNA CLARKE	
STREET ADDRESS	1819 MAIN ST., STE. 240		5.3 STREET ADDRESS	4588 HADFIELD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236		5.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Michael R. Pender MICHAEL R. PENDER 1-7-96 941-923-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062956