2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90099 026 ****61.25

DOCUMENT # N36986

1. Entity Name
SARASOTA SISTER CITIES ASSOCIATION INC.

50022824

Principal Place of Business	Mailing Address
C/O LINDA ROSEBLUTH 1565 FIRST STREET SARASOTA, FL 34236	C/O LINDA ROSEBLUTH 1565 FIRST STREET SARASOTA, FL 34236

03012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0178684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENBLUTH, LINDA 562 S SPOONBILL SARASOTA, FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSENBLUTH, LINDA H 562 S SPOONBILL SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BROWN, JOHN 5004 INVERNESS DR SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Michael Nelson 1999 Main St. Sarasota, Fl 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCA LACENTRA, CAROLE 6739 TAILFEATHER WAY BRADENTON, FL 34203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SOMACH, ROBERTA 2701 CASEY KEY RD NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV John T. Halbert 133 Inlets Blvd. Nokomis, Fl 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PLAIKETT, DAVID L 988 BLVD. OF THE ARTS, 915 SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mary L. Ferrara 7286 S. Leewynn Dr Sarasota, Fl 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANSSEN, HELEN 207 RUBENS DR. H NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV David Laws 3741 Surrey Lane Sarasota, Fl 34235	☐ Change ☒ 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: Mary L Ferrara MARY L. FERRARA 2/28/05 941-366-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #