2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N36986

Entity Name: SARASOTA SISTER CITIES ASSOCIATION INC.

Current Principal Place of Business:

C/O BILLY E. ROBINSON
1565 FIRST STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O BILLY E. ROBINSON
1565 FIRST STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0178684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, BILLY E
1565 FIRST ST
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	RAYMAN, CARLA	
Address:	5596 EASTWIND DR.	
City-St-Zip:	SARASOTA, FL 34233	
Title:	DV	( ) Delete
Name:	BYRNES, HOPE	
Address:	5031 FABERGE PLACE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	DV	( ) Delete
Name:	FURLONG, CAROL	
Address:	1465 LANDINGS CIRCLE	
City-St-Zip:	SARASOTA, FL 34231	
Title:	DV	( ) Delete
Name:	HALBERT, JOHN T	
Address:	133 INLETS BLVD	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	T	( ) Delete
Name:	OGLE, JERRY	
Address:	8130 LAKEWOOD MAIN ST., STE. 208	
City-St-Zip:	BRADENTON, FL 34202	
Title:	DV	( ) Delete
Name:	FREEMAN, JOHN	
Address:	481 MONTELLUNA DR.	
City-St-Zip:	N. VENICE, FL 34275	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	POMERANZ, DAVID	
Address:	1800 2ND STREET, SUITE 765	
City-St-Zip:	SARASOTA, FL 34236	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID POMERANZ T 04/15/2009

Electronic Signature of Signing Officer or Director — Date