

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36986

FILED  
Jul 08, 2012  
Secretary of State

**Entity Name:** SISTER CITIES ASSOCIATION OF SARASOTA, INC

**Current Principal Place of Business:**

1565 FIRST ST.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1565 FIRST ST.  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-0178684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HALBERT, JOHN T  
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: P  
Name: HALBERT, JOHN T  
Address: 133 INLETS BLVD  
City-St-Zip: NOKOMIS, FL 34275

Title: S  
Name: HULLINGER, BETH  
Address: 5057 CTEEKKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: T  
Name: QUARTUCCIO, JOHN  
Address: 916 BYRON LANE  
City-St-Zip: SARASOTA, FL 34243

Title: V  
Name: ROSENBLUTH, LINDA  
Address: 562 SPOONBILL DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: V  
Name: STEILIN, CHARLES  
Address: 590 GOLDEN POND PLACE #4  
City-St-Zip: SARASOTA, FL 34235

Title: V  
Name: WALLACE, WILLIAM  
Address: 4683 WILLOW WOOD COURT  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: JOHN T. HALBERT

P

07/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date