

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40481

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** LAKELAND SISTER CITIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

228 S. MASSACHUSETTS AVE.  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

6036 SEAGULL LANE  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 59-3073234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMAN, CAROL  
6036 SEAGULL LANE  
LAKELAND, FL 33809 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: PD ( ) Delete  
Name: SHAW, THOMAS R  
Address: 842 ORANGE PARK  
City-St-Zip: LAKELAND, FL 33801

Title: SD ( ) Delete  
Name: HOFFMAN, CAROL H  
Address: 6036 SEAGULL LANE  
City-St-Zip: LAKELAND, FL 33809

Title: VD ( ) Delete  
Name: KELLY, DANA K  
Address: 2205 EASTMEADOWS  
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete  
Name: VERPLANK, LAURA  
Address: 3525 BRIDGEFIELD DR  
City-St-Zip: LAKELAND, FL 33803

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL HOFFMAN

RA

01/05/2006

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

\_\_\_\_\_  
Date