2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N40481

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: GROVE, GORDON
Address: 2227 NOTTINGHAM RD
City-St-Zip: LAKELAND, FL 33803

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAW, THOMAS R
Address: 605 ORANGE STREET
City-St-Zip: LAKELAND, FL 33801

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 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 SD 01/05/2008

Electronic Signature of Signing Officer or Director — Date