

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N46225** (1)

1. Corporation Name  
**TAMPA SISTER CITIES COMMITTEE, INC.**



Principal Place of Business: 3404 MCKAY AVENUE TAMPA FL 33609  
Mailing Address: 3404 MCKAY AVENUE TAMPA FL 33609

3. Date Incorporated or Qualified: 11/26/1991  
3a. Date of Last Report: 01/23/1995  
4. FEI Number: 59-3115512  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 P O Box 20223  
22 Suite, Apt. #, etc.  
23 City & State: Tampa, FL  
24 Zip: 33622-0223 25 Country: USA  
2a. Mailing Address: 26 P O Box 20223  
27 Suite, Apt. #, etc.  
28 City & State: Tampa, FL  
29 Zip: 33622-0223 30 Country: USA

9. Name and Address of Current Registered Agent  
**TURNER, JAMES R.  
3404 MCKAY AVENUE  
TAMPA FL 33609-4630**

10. Name and Address of New Registered Agent  
81 Name: Gene F. Perez  
82 Street Address (P.O. Box Number is Not Acceptable): 15901 Benton Ct.  
83  
84 City: Tampa FL 85 Zip Code: 33647-1128

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Gene F. Perez *Gene F. Perez* DATE: March 12, 1996

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | TURNER, JAMES R.    |  |
| STREET ADDRESS | 3404 MCKAY AVE.     |  |
| CITY-ST-ZIP    | TAMPA FL            |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | DUNCAN, ANNE        |  |
| STREET ADDRESS | 1021 CORAL ST.      |  |
| CITY-ST-ZIP    | TAMPA FL            |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | HIPSON, KATHLEEN M  |  |
| STREET ADDRESS | 6513 N. 15TH STREET |  |
| CITY-ST-ZIP    | TAMPA FL            |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Gene Perez           |  |
| 1.3 STREET ADDRESS | P O Box 20223        |  |
| 1.4 CITY-ST-ZIP    | Tampa, FL 33622-0223 |  |
| 2.1 TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Mercedes B. DiMaio   |  |
| 2.3 STREET ADDRESS | 1912 Aileen St.      |  |
| 2.4 CITY-ST-ZIP    | Tampa, FL 33607      |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |  |
| 4.3 STREET ADDRESS |                      |  |
| 4.4 CITY-ST-ZIP    |                      |  |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                      |  |
| 5.3 STREET ADDRESS |                      |  |
| 5.4 CITY-ST-ZIP    |                      |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |  |
| 6.3 STREET ADDRESS |                      |  |
| 6.4 CITY-ST-ZIP    |                      |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mercedes B. DiMaio *Mercedes B. DiMaio* DATE: 3/12/96 (813) 253-7016

CR2E037 (12/95)