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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
P O BOX 17753 TAMPA FL 33682-7753 US
P O BOX 17753 TAMPA FL 33682-7753 US

3. Date Incorporated or Qualified 11/26/1991
4. FEI Number 59-3115512 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PEREZ, GENE F
15901 BENTON CT
TAMPA FL 33647

10. Name and Address of New Registered Agent
81 Name Jose Vivero
82 Street Address (P.O. Box Number is Not Acceptable) 12233 N. Florida Avenue
83
84 City Tampa FL 85 Zip Code 33612

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 [Signature] DATE 2/17/98

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D VIVERO, JOSE 12233 N FLORIDA AVE TAMPA FL
D PARRINO, DONNA 13532 LAKE MAGDALENE DR TAMPA FL
D PEREZ, GENE 15901 BENTON CT TAMPA FL
DELETED
DELETED
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P
1.2 NAME Jose Vivero
1.3 STREET ADDRESS 12233 N. Florida Avenue
1.4 CITY-ST-ZIP Tampa, FL 33612
2.1 TITLE V
2.2 NAME Hazel Pines
2.3 STREET ADDRESS 3308 Union Street
2.4 CITY-ST-ZIP Tampa, FL 33607
3.1 TITLE T
3.2 NAME Manny Alvarez, Jr.
3.3 STREET ADDRESS 4603 Wishart Blvd.
3.4 CITY-ST-ZIP Tampa, FL 33603
4.1 TITLE S
4.2 NAME James R. Turner
4.3 STREET ADDRESS 3405 Mullen Avenue
4.4 CITY-ST-ZIP Tampa, FL 33609
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.
SIGNATURE: [Signature] DATE: 2/17/98

CR2E037 (10/97)

819-933-2255