

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90299 037 ****61.25

0051979

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46225

1. Corporation Name

TAMPA SISTER CITIES COMMITTEE, INC.

Principal Place of Business

P O BOX 17753
 TAMPA FL 33682-7753
 US

Mailing Address

P O BOX 17753
 TAMPA FL 33682-7753
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/26/1991

4. FEI Number

59-3115512

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

VIVERO, JOSE
 12233 N FLORIDA AVENUE
 TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE D
 NAME VIVERO, JOSE
 STREET ADDRESS 12233 N FLORIDA AVE
 CITY-ST-ZIP TAMPA FL 33612

TITLE D
 NAME PARRINO, DONNA
 STREET ADDRESS 13532 LAKE MAGDALENE DR
 CITY-ST-ZIP TAMPA FL

TITLE D DELETE
 NAME PEREZ, GENE
 STREET ADDRESS 15901 BENTON CT
 CITY-ST-ZIP TAMPA FL

TITLE V
 NAME PINES, HAZEL
 STREET ADDRESS 3308 UNION STREET
 CITY-ST-ZIP TAMPA FL 33607

TITLE T
 NAME ALVAREZ, MANNY JR
 STREET ADDRESS 4603 WISHART BLVD
 CITY-ST-ZIP TAMPA FL 33603

TITLE S
 NAME TURNER, JAMES R
 STREET ADDRESS 3405 MULLEN AVENUE
 CITY-ST-ZIP TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE T Change Addition
 3.2 NAME REGINA SIEWERT
 3.3 STREET ADDRESS 51 Laguna Avenue
 3.4 CITY-ST-ZIP Tampa, FL 33606

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 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)(l), 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, with all other like empowered.

SIGNATURE:

Jose Mullen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99
 Date

813-933-2255
 Daytime Phone #

CR2E037 (11/98)