

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90048 022 \*\*\*\*61.25

**DOCUMENT # N46225**

1. Entity Name

TAMPA SISTER CITIES COMMITTEE, INC.



Principal Place of Business

P.O. BOX 5038  
TAMPA FL 33675  
US

Mailing Address

P.O. BOX 5038  
TAMPA FL 33675

30014000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3115512

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOTO, JOHN P  
1026 MEADOW LANE  
BRANDON FL 33511

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John P. Spoto Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME SPOTO, JOHN P  
STREET ADDRESS 1026 MEADOW LANE  
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ Change ☒ Addition  
NAME JOSE R. CALDEVILLA  
STREET ADDRESS 4609 EDDY DR.  
CITY-ST-ZIP TAMPA, FL 33603

TITLE V ☐ Delete  
NAME PALOMINO, RAUL C JR.  
STREET ADDRESS 5814 IDLE FOREST PL.  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Change ☒ Addition  
NAME M.G. ALVAREZ JR.  
STREET ADDRESS 4144 W. ALHAMBRA AVE  
CITY-ST-ZIP TAMPA, FL 33607

TITLE T ☐ Delete  
NAME HUESCA, RENE  
STREET ADDRESS 3212 ARCH ST.  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Change ☒ Addition  
NAME VICTOR FERNANDEZ  
STREET ADDRESS 4904 BAYCREST DR.  
CITY-ST-ZIP TAMPA, FL 33615

TITLE S ☐ Delete  
NAME RODRIGUEZ, JILSENO  
STREET ADDRESS 3301 BAYSHORE BLVD, #1505  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Change ☒ Addition  
NAME TOM F. FERRARO  
STREET ADDRESS 10105 HAMPTON PLACE  
CITY-ST-ZIP TAMPA, FL 33618

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PANDO, JOSEPH  
STREET ADDRESS 3221 B EMPEORADO ST  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jose R. Caldevilla Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

Date

813 877 4449

Daytime Phone #