## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46225

FILED Apr 07, 2009 Secretary of State

Entity Name: TAMPA SISTER CITIES COMMITTEE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11949 RIVERHILLS DRIVE TAMPA, FL 33617 **Current Mailing Address: New Mailing Address:** PO BOX 5038 TAMPA, FL 33675 US FEI Number: 59-3115512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, VICTOR M 11949 RIVERHILLS DRIVE TAMPA, FL 33617 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CALDEVILLA, JOSE R Name: Name: 4609 EDDY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete FERNANDER, VICTOR Name: Name: FERNANDEZ, VICTOR Address: 11949 RIVERHILLS DR Address: 11949 RIVERHILLS DR City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change () Addition BARTOLOTTI, CATHERINE S Name: Name: 4023 N LINCOLN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: GUALIARDO-BEERS, ANGELA Name: GUAGLIARDO, ANGELA 3223 PARKLAND BLVD 3223 PARKLAND BLVD Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: (X) Change ( ) Addition PINES, HAZEL PINES, HAZEL Name: Name: 3308 UNION STREET 3308 UNION STREET Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 Title: () Delete Title: (X) Change ( ) Addition PANDO, JOSEPH PANDO, JOSEPH Name: Name: Address: 3221 B EMPEORADO ST Address: 3221 B EMPEDRADO ST TAMPA, FL 33629 TAMPA, FL 33629 City-St-Zip: 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: CATHERINE S. BARTOLOTTI T 04/07/2009