


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90093 019 ****61.25

DOCUMENT # N93000005503
 1. Entity Name
SISTER CITIES ASSOCIATION OF VOLUSIA COUNTY, INC.



Principal Place of Business Mailing Address
405 PELICAN BAY DR DAYTONA BEACH FL 32119
P.O. BOX 2507 DAYTONA BEACH FL 32115



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-3210441** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NELSON, ELIZABETH
2310 N. HALIFAX DR.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent
 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 if Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Robert Manthey* **Robert Manthey**
405 Pelican Bay Dr
Daytona Beach FL 32119
 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEELEY, MARYLOU	
STREET ADDRESS	105 JAMESTOWN DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AUGAT, ASTRID	
STREET ADDRESS	459 CARD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHLIEPER, RHEINHOLD	
STREET ADDRESS	23 SEAFARING PATH	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MANTHEY, ROBERT	
STREET ADDRESS	405 PELICAN BAY DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	CS	<input type="checkbox"/> Delete
NAME	SITLER, ROBERT	
STREET ADDRESS	212 N. SHERIDAN AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEELEY, MARYLOU	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information indicated on this report of the corporation or trust is true and correct, and if changed, or on an alternate basis, that the information does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information is true 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 trust as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or like empowered.

SIGNATURE: *Robert Manthey* **Robert Manthey**
405 Pelican Bay Dr
Daytona Beach FL 32119
 Date: 02/25/06 Daytime Phone #: 386-3045053