## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N93000005503**

1. Entity Name SISTER CITIES ASSOCIATION OF VOLUSIA COUNTY,



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90328 001 \*\*\*\*61.25

PROPED PIECE OF SURFINES  POR SIGN FILE AND REACH, FL 32119  2. Principal Piace of Business - No P.O. Box # P.	INC.									
SUITE, API, F. etc.  SUITE, AP	405 PELICAN BAY DR P.O. BOX 2507		15							
Suite, Api. #, etc.    Suite, Api. #, etc.   Suite, Api. #, etc.   93132007 Chg.NP   CR2E037 (12/06)   Chg.NP   CAST   C   Chg.NP   CAST   C   Chg.NP   CR2E037 (12/06)   Chg.NP   CAST   C   Chg.NP   CR2E037 (12/06)   Chg.NP   CAST   C   Chg.NP   CR2E037 (12/06)   Chg.NP   CAST   C   Chg.NP   CAST   C   Chg.NP   CR2E037 (12/06)   Chg.NP   CAST   C   Chg.NP   CR2E037 (12/06)   Chg.NP   CAST   C   Chg.NP   CAST   C   Chg.NP				າຕາ້						
Second County   Second Count				4301	03132007 Chg-NP CR2E037 (12/06	)				
B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Addre	PALF			EACH.						
NELSON, ELIZABETH 2310 N. HALIFAX DR 2118    Street Address (P.O. Rox Number is Not Acceptable)	321	64 USA	32115	Country .	5. Certificate of Status Desired					
STORE ADDITIONS CHARGES (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent	Name 🗇	14.44					
BAYTONA BEACH, FL 32118    1350		· · · · · · · · · · · · · · · · · · ·		Street Add						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FIlling Fee is \$61.25  Due by May 1, 2007  Due by May 1, 2007  PELLEY, MARYLOU  STREET ADDRESS  DIV: ST-2P  ORMOND BEACH, FL 32176  Debite  NME  SIRRET ADDRESS  CITY-ST-2P  AUGUST ASTRID  AUGUST ASTRID  AUGUST ASTRID  AUGUST ASTRID  STREET ADDRESS  CITY-ST-2P  ORMOND SCHLIEFER, RHEIMHOLD  STREET ADDRESS  CITY-ST-2P  ORMOND SCHLIEFER, RHEIMHOLD  STREET ADDRESS  CITY-ST-2P  ORMOND SCHLIEFER, REIMHOLD  STREET ADDRESS  CITY-ST-2P  ORMOND SCHLIEFER, RHEIMHOLD  STREET ADDRESS  CITY-ST-2P  ORMOND SCHLIEFER, REIMHOLD  STREET ADDRESS  CITY-ST-2P  COS  COS  COS  COS  COS  COS  COS  CO		• •		13.6	0 / 0 / 1 / 2 0					
8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  SIGNATURE  SIGNATURE  Signatur. Provide or private term of registered agent and the # columbs.  Filling Fee is \$61.25  Due by May 1, 2007  Delice  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 10  DELELEY, MARYLOU  105 JAMESTOWN DR  ORN/OND BEACH, FL 32176  DO  DO  AUGAT, ASTRID  ASSOCIATED AGENCY. STREET ADDRESS  SIREET ADDRESS  OITY-ST-2P  TILE  VP  SCHLIEPER, REINHOLD  SIREET ADDRESS  SIREET				Cir.	17.0	ode				
SIGNATURE	3547ND - 32720									
Trust Fund Contribution.    Added to Fees   Florida Department of State	: the obligations of registered agent.  SIGNATURE SIGNATURE SIGNATURE DIVIS BLAKE, PRESIDENT 04/12/2007									
TITLE MAME DEELEY, MARYLOU STREET ADDRESS ORMOND BEACH, FL 32176  TITLE MAME AUGAT, ASTRID ASSIGNET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME AUGAT, ASTRID ASSIGNET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME AUGAT, ASTRID ASSIGNET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32117  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32164  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND BEACH, FL 32119  TITLE MAME STREET ADDRESS OTH-ST-ZP ORMOND STREET ADDRESS OTH-ST	:	Due by May 1, 2007	Trust Fund Con		_ +0.00	The second secon				
MAME   DELELEY, MARYLOU   STREET ADDRESS   105 JAMESTOWN DR   ORMOND BEACH, FL 32176   Delete   STREET ADDRESS   1360 HOLLY DR   DRLAWD   FL 32720   DRLAWD   FL 32720   DRLAWD   FL 32720   DRLAWD   FL 32720   DRLAWD   FL 32724   DRLAWD   FL 327										
TITLE DS   Delete   TITLE   DS   Addition   Delete   TITLE   DS   Addition   Delete   DELAND, FL 32120   Delete   DELAND, FL 32720   Delete   Delete   DELAND, FL 32720   Delete   Delete   DELAND, FL 32720   Delete   Delete   Delete   Delete   Delete   DELAND, FL 32720   Delete   Delete   Delete   Delete   Delete   DELAND, FL 32720   Delete   D	NAME STREET ADDRESS	DEELEY, MARYLOU 105 JAMESTOWN DR	MZI Delete	name Street adoress	BLAKE, DIXIE 1360 HOLLY DR	e MAddition				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZI			☐ Delete			e Addition				
CITY-SI-ZIP    TITLE		1								
NAME SCHLIEPER, RHEINHOLD STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720  DELAND, FL 32724  DELAND, FL 32720  DELAND, FL 32724  DELAND, FL 32720  DELAND, FL 32724  DELAND, FL 32720  DELAND, FL 32724  DELAND, FL 32720  DELAND, FL 32724  DELAND,										
MANTHEY, ROBERT STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720  NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720  NAME STREET ADDRESS	NAME STREET ADORESS	SCHLIEPER, RHEINHOLD 23 SEAFARING PATH	☐ Delete	NAME STREET ADORESS	SCHLIEPER, REINHOLD	e Addition				
TITLE NAME SITLER, ROBERT STRET ADDRESS CITY-ST-ZIP DELAND, FL 32720  Delete TITLE NAME STRET ADDRESS	NAME STREET ADORESS	MANTHEY, ROBERT 405 PELICAN BAY DR	<b>12</b> Delete	NAME STREET ADDRESS	SCHLIEPER, ANGELIKA 23 SEAFARING PATH	e Addition				
TITLE   Delete TITLE   Change   Addition   NAME   STREET ADDRESS   STREET ADDRESS		SITLER, ROBERT	Dekete	TITLE NAME	CS CORNELIUS, RAY	e Maddition				
				CITY-ST-ZIP	DELAND, FL 32724					

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR			Outs Date 1	Daytmentions #
SIGNATURE:	DIXIE	BLAVE	Ally Blake	ו דססה לבו 201	386) > 36-045