


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N93000005503

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



Principal Place of Business
 405 PELICAN BAY DR
 DAYTONA BEACH, FL 32119

Mailing Address
 P.O. BOX 2507
 DAYTONA BEACH, FL 32115

2. Principal Place of Business - No P.O. Box #
23 SEAFARING PATH

3. Mailing Address
P.O. BOX 2507

Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State
DAYTONA BEACH, FL

Zip
32164

Country
USA

Zip
32115

Country
USA

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 **BLAKE, DIXIE**
 Street Address (P.O. Box Number is Not Acceptable)
1350 HOLLY DR
 City **DELAND** FL Zip Code **32720**

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 *Dixie Blake* **DIXIE BLAKE, PRESIDENT** **04/12/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
 Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P DEELEY, MARYLOU 105 JAMESTOWN DR ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, DIXIE 1350 HOLLY DR DELAND, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUGAT, ASTRID 459 CARD AVE. HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLIEPER, RHEINHOLD 23 SEAFARING PATH PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHLIEPER, REINHOLD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANTHEY, ROBERT 405 PELICAN BAY DR DAYTONA BEACH, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHLIEPER, ANGELIKA 23 SEAFARING PATH PALM COAST, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SITLER, ROBERT 212 N. SHERIDAN AVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CORNELIUS, RAY 1155 COUNTY RD 4139 DELAND, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: **DIXIE BLAKE** *Dixie Blake* **04/12/2007** **(386)736-0451**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



03132007 Chg-NP CR2E037 (12/06)