

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005503

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

23 SEAFARING PATH
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2507
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-3210441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKE, DIXIE
1350 HOLLY DR
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BLAKE, DIXIE
Address: 1350 HOLLY DR
City-St-Zip: DELAND, FL 32720

Title: DS () Delete
Name: AUGAT, ASTRID
Address: 459 CARD AVE.
City-St-Zip: HOLLY HILL, FL 32117

Title: VP () Delete
Name: SCHLIEPER, REINHOLD
Address: 23 SEAFARING PATH
City-St-Zip: PALM COAST, FL 32164

Title: DT () Delete
Name: SCHLIEPER, ANGELIKA
Address: 23 SEAFARING PATH
City-St-Zip: PALM COAST, FL 32164

Title: CS () Delete
Name: CORNELIUS, RAY
Address: 1155 COUNTY RD 4139
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANGELIKA M. SCHLIEPER

DT

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date