

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005503

**FILED**  
**Feb 22, 2010**  
**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  
Name: BLAKE, DIXIE  
Address: 1350 HOLLY DR  
City-St-Zip: DELAND, FL 32720

Title: DS  
Name: NIELSON, ELLEN  
Address: 154 SALVADOR PLACE  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANGELIKA M. SCHLIEPER

DT

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date