

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005503

FILED
Feb 29, 2012
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: CELONA, JENNIE
Address: 3047 S ATLANTIC AVE #1206
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: MC
Name: WEST, CAROLYN
Address: 119 PINE TREE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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 SCHLIEPER

DT

02/29/2012

Electronic Signature of Signing Officer or Director

Date