FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:23

DOCUMENT # **N94000000910 (9)**

1. Corporation Name

DELRAY BEACH/MIYAZU SISTER CITY COMMITTEE, INC.

Principal Place of Business	Mailing Address
64 S.E. 5TH AVE. DELRAY BEACH FL 33483	64 S.E. 5TH AVE. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:
4. FEI Number: 65-0475203 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
100 N.E. 5TH AVE.
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	WILSHER, WILLIAM	1.2 NAME	William Wilshar	
STREET ADDRESS	1500 N. SWINTON AVE.	1.3 STREET ADDRESS	1500 N. Swinton Ave.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	~~STD~~	2.1 TITLE	D/Trkas.	☐ Change ☒ Addition
NAME	~~BARCINSKI, ROBERT~~	2.2 NAME	Rosenswerg, Larry	
STREET ADDRESS	~~100 N.E. 1ST AVE.~~	2.3 STREET ADDRESS	4000 Miniami Park Road	
CITY-ST-ZIP	~~DELRAY BEACH FL 33444~~	2.4 CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHMIDT, DAVID W	3.2 NAME	SCHMIDT, DAVID W.	
STREET ADDRESS	2907 S.W. 21ST TERRACE	3.3 STREET ADDRESS	2907 SW 21st Terrace	
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	4.1 TITLE	D/Asst. Sec	☒ Change ☐ Addition
NAME	HEALY-GOLEMBE, PAT	4.2 NAME	Healy-Golembe Patricia	
STREET ADDRESS	2000 S. OCEAN BLVD.	4.3 STREET ADDRESS	2000 S. Ocean Blvd.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP	Delray Beach	
TITLE	~~D~~	5.1 TITLE	~~Rosenswerg, Larry~~	☐ Change ☐ Addition
NAME	~~HARDIMAN, CARLES~~	5.2 NAME	~~4000 Miniami Park Road~~	
STREET ADDRESS	~~FISHER LANE~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	~~Durante, Charlotte~~ D/Sec	☒ Change ☐ Addition
NAME	~~MINORI, JAMES~~	6.2 NAME	Durante, Charlotte	
STREET ADDRESS	~~64 S.E. 5TH AVE.~~	6.3 STREET ADDRESS	64 S.E. 5th Ave.	
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~	6.4 CITY-ST-ZIP	Delray Beach FL 33483	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David W. Schmidt 3/14/95 (407) 278-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q01300