

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004052

FILED
Apr 30, 2005
Secretary of State

Entity Name: SISTER CITY PROGRAM OF GAINESVILLE, INC.

Current Principal Place of Business:

5201 SW 91 DRIVE STE B
GAINESVILLE, FL 32608

New Principal Place of Business:

4809 SW 91 TERRACE
GAINESVILLE, FL 32608

Current Mailing Address:

5201 SW 91 DRIVE STE B
GAINESVILLE, FL 32608

New Mailing Address:

4809 SW 91 TERRACE
GAINESVILLE, FL 32608

FEI Number: 59-3455491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISHMAN, STEVEN J
5201 SW 91 DRIVE STE B
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

KALISHMAN, STEVEN J
4809 SW 91 TERRACE
GAINESVILLE, FL 32608 US

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: STEVEN J KALISHMAN

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KALISHMAN, STEVEN J
Address: 5201 SW 91 DR., SUITE B
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: KALISHMAN, NATALIA P
Address: 5201 SW 91 DR., SUITE B
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: KILBY, PAT
Address: 3706 SW 5TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN J KALISHMAN

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date