## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004052

FILED Apr 30, 2007 Secretary of State

Entity Name: SISTER CITY PROGRAM OF GAINESVILLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5055 SW 91 TERRACE GAINESVILLE, FL 32608 **Current Mailing Address: New Mailing Address:** 5055 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: Name and Address of New Registered Agent: KALISHMAN, STEVEN J 5055 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KALISHMAN, STEVEN J Name: Name: Address: 9278 SW 61 AVENUE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: () Change () Addition KALISHMAN, NATALIA P Name: Name: Address: 9278 SW 61 AVENUE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: ( ) Delete Title: Title: () Change () Addition KILBY, PAT Name: Name: 3706 SW 5TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32607 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: STEVEN KALISHMAN PRES 04/30/2007