

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90006 026 ****61.25

DOCUMENT # N98000000251

1. Corporation Name

ASSOCIATION OF SISTER CITIES OF FLORIDA, INC.

Principal Place of Business
**4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813**

Mailing Address
**4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/16/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3509960

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHANAN, PAT
4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BUCHANAN, PAT**
CITY-ST-ZIP **4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCDERMOTT, WILLIAM B**
CITY-ST-ZIP **4912 EAST WHITE OAK DRIVE
LAKELAND FL 33813**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **MCDERMOTT, WILLIAM B**
2.3 STREET ADDRESS **600 N. BROADWAY, SUITE 300**
2.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JEFFRIES, W R**
CITY-ST-ZIP **5303 NICHOLAS DR. EAST
LAKELAND FL 33813**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DITRENSORER**
STREET ADDRESS **BARBARA LINEBERGER**
CITY-ST-ZIP **SUNTRUST BANK 33813
4630 S. FLORIDA AVE. LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Pat Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999

944-646-3701

Date

Daytime Phone #

CR2E037 (11/98)

THE ASSOCIATION OF SISTER CITIES OF



4912 EAST WHITE OAK DRIVE • LAKELAND, FLORIDA USA 33813
PHONE: 941-646-3701 • FAX: 941-646-8953

546608-90006-26
#N9800000251

Board of Directors

President: Buchanan, Pat
4912 East White Oak Drive
Lakeland, Florida 33813

941-646-3701

Directors: McDermott, William
600 N. Broadway, Suite 300
Bartow, Florida 33830

Jeffries, W.R.
5303 Nicholas Drive, East
Lakeland, Florida 33813

Treasurer: Lineberger, Barbara
SunTrust Bank
4630 South Florida Avenue
Lakeland, Florida 33813

CPA: Jessica B. Mann
2511 Orleans Avenue
Lakeland, Florida 33803

941-683-1313