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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800000251

ASSOCIATION OF SISTER CITIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

4912 EAST WHITE OAK DRIVE LAKELAND FL 33813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

4912 EAST WHITE OAK DRIVE LAKELAND FL 33813

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

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



3. Date Incorporated or Qualifed

01/16/1998

59 - 3509960

5. Certifcate of Status Desired

4. FEI Number

Zip Country Zip Country Zip Country Sp. 00 May B. 25 20 30 30 Struct Floor Centrollar Contribution Added to Fees Added to Fees Sp. Name and Address of Current Registered Agent Struct Floor Contribution Added to Fees Sp. 0 Name and Address of New Registered Agent Struct Floor Centrollar Contribution Added to Fees Sp. 0 Name and Address of New Registered Agent Struct Floor Centrollar Centrol	اما	_	28				5. Certificate of Status Desired		Fee Req	juired	
9. Name and Address of Current Registered Agent 81 Name BUCHANAN, PAT 4912 EAST WHITE OAK DRIVE LAKELAND FL 33813 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code	¬ '		Zip	r1	ountry		· -			-	
BUCHANAN, PAT 4912 EAST WHITE OAK DRIVE LAKELAND FL 33813 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 register of agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. The acceptance of agent and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. The acceptance of agent and accept the obligations of, Section 817.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. The acceptance of the appointment as registered agent. The acceptance of the appointment as registered agent. The acceptance of the appointment as registered agent and accept the obligations of, Section 817.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of the appointment as registered agent. The acceptance of the appointment	[4]		11								
4912 EAST WHITE OAK DRIVE LAKELAND FL 33813 84 City FL 85 Zip Code The 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 agent, a management, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, Speed or printed ratins of ingitatived agent and still a appealable. PD OFFICERS AND DIRECTORS IN TITLE PD OFFICERS AND DIRECTORS IN TITLE PD OFFICERS AND DIRECTORS IN STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN TITLE D OFFICERS AND DIRECTORS IN STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN ACITY-ST-ZIP MCDERMOTT, WILLIAM B STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN ACITY-ST-ZIP MCDERMOTT, WILLIAM B STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D C Lange A ACITY-ST-ZIP		3. Maine and Address of Current	registered Agent		81	Name		<u> </u>			
4912 EAST WHITE OAK DRIVE LAKELAND FL 33813 84 City FL 85 Zip Code The 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 agent, a management, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, Speed or printed ratins of ingitatived agent and still a appealable. PD OFFICERS AND DIRECTORS IN TITLE PD OFFICERS AND DIRECTORS IN TITLE PD OFFICERS AND DIRECTORS IN STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN TITLE D OFFICERS AND DIRECTORS IN STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN ACITY-ST-ZIP MCDERMOTT, WILLIAM B STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN ACITY-ST-ZIP MCDERMOTT, WILLIAM B STREET ADDRESS AND FL 33813 TITLE D OFFICERS AND DIRECTORS IN ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D / TREMSO CERC. D C Lange A ACITY-ST-ZIP TITLE D C Lange A ACITY-ST-ZIP	DUMALA	N DAT									
AKELAND FL 33813 83	4912 EAST WHITE OAK DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)					
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 register 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or privided name of registered agent and site of appointment as registered agent signature required when reliabiliting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 13. STREET ADDRESS 14. CITY - ST - ZP 14. CITY - ST - ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 15. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. CHANGES											
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby alceled in applicable, agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hybor or printed rams of registered agent and tills if applicable. (NOTE: Registered Agent signature required when relinitating) DATE						•		FL			
Signature, typed or printed name of registrated agent and tills of applicable. (NOTE: Registrated Agent signature required when reinstating) DATE	office or r	registered agent, or both, in the State of	Florida. Such chai	nge was authoriz	ea by	-named corpor	orporation submits this statement for the pu ation's board of directors. I hereby accept t	irpose of cha the appointm	anging its r ent as regi	egistered istered	
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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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	CITY-ST-ZIP	and if that the information cumulied with	this filing does not				in Section 119 07/3)(i) Florida Statutes I fi	urther certify	that the in	formation	

officer or director of the corporation or the receiver or trustee empowered and that my signature shall have the same legal effect as it made under oath; that I am at 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 changethor on an attachment with an address, with all other like empowered.

AND CHARLE QUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Not Applicable

PHONE: 941-646-3701 • FAX: 941-646-8953

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

941-683-1313

2511 Orleans Avenue Lakeland, Florida 33803