

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90051 027 ****61.25

DOCUMENT # N98000000251

1. Entity Name
ASSOCIATION OF SISTER CITIES OF FLORIDA, INC.



Principal Place of Business
**100 N.E. FIFTH AVENUE
SUITE A-1
DELRAY BEACH, FL 33483**

Mailing Address
**100 N.E. FIFTH AVENUE
SUITE A-1
DELRAY BEACH, FL 33483**

40002526



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3509960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**SCHMIDT, DAVID W
100 N.E. FIFTH AVENUE
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
FORBES, ELIZABETH A
100 S TREMAIN STREET E-3
MOUNT DORA, FL 32757**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
SCHMIDT, DAVID W
100 N.E. FIFTH AVENUE
DELRAY BEACH, FL 33483**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President / Director
David W. Schmidt
100 NE Fifth Avenue
DeLray Beach, FL 33483**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Donna Kelly, Secretary
2205 East meadows Road
Lake land, FL 33813**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David W. Schmidt **David W. Schmidt** 1/14/05 561-278-2601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #