

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 048 ****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

40046327



03252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SCHMIDT, DAVID W
100 N.E. FIFTH AVENUE
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____

Elizabeth A Forbes Elizabeth A. Forbes, Treasurer

3/27/07 352 383-4198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #