

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000251

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

140 N.E. FOURTH AVENUE
SUITE A
DELRAY BEACH, FL 33483

Current Mailing Address:

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

New Mailing Address:

140 N.E. FOURTH AVENUE
SUITE A
DELRAY BEACH, FL 33483

FEI Number: 59-3509960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHMIDT, DAVID W
140 N.E. FOURTH AVENUE
SUITE A
DELRAY BEACH, FL 33483 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:

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FORBES, ELIZABETH A
Address: 100 S TREMAIN STREET E-3
City-St-Zip: MOUNT DORA, FL 32757

Title: PD () Delete
Name: SCHMIDT, DAVID W
Address: 100 N.E. FIFTH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SCHMIDT, DAVID W
Address: 140 N.E. FOURTH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

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: DAVID W SCHMIDT

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date