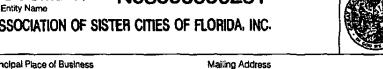
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N98000000251



**FILED** May 21, 2003 8:00 am Secretary of State 04-28-2003 90194 037 \*\*\*\*61.25

1. Entity Nar ASSOCIA	ATION OF SISTER CITIES OF FLO	ORIDA, INC.							
4912 EAST WHITE OAK DRIVE 4912		Hailing Address 812 EAST WHITE OAK DRIVE AKELAND FL 33813		55042440					
100 NE	Fifth Avenue 11	Mailing Address  O NE FIFT  Suite, Apt. #, etc.	, Aven	re					
Suite, Apt			CHECK HERE IF MAKING CHANGES						
City & State City & State City & State De Ivay B			ruch, FL		4. FEI Number 59-3509960		<b></b>	Applied For Not Applicable	
Zip 334	Country US ~ 3	Zip 334.8.3. ~~	Country	~	5. Certificate of Sta	itus Desired	\$8.75 A		]
	6. Name and Address of Current Regi	stered Agent	· Name		<del></del>	esa of Now Registered	Agent		7
	NAN, PAT	~ -		Address (P.O_Box Number is Not Acceptable)					-
	ist white oak drive ND FL 33813		100	NE	Fifth 1	treme			1
			- Gth	<u>te 1</u>	H-1	F	Zio Co	de	1
	named entity submits this statement for the	purpose of changing its re-	gistered office o	r registere	ed agent, or both, in t		<u>- (                                   </u>	, and accept	1
the coliga	tions of registered agent.	0 -0.					.l. ~		
SIGNATURE	Signature, typed or printed name of registered agent and title	i i applicable. (NOTE: R	egistered Agent signal	ture required i	when reinstating)	4/25 DATE	5/03		
	aigh Financing atribution.	<u> </u>	\$5.00 May Be Added to Fees	Make Che Florida Depa			1		
10.	OFFICERS AND DIRECT		11.	A	DDITIONS/CHANGE	S TO OFFICERS AND D			] <sub>ລ</sub>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARVEY, RITA 1550 RIDGEWOOD STREET	. Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	CR2E037 (10/02)
TITLE	CLEARWATER FL 33755	Delete	TITLE				☐ Change	Addition	뼕
NAME STREET ADDRESS	FERREIRA, ROBERT L 33864 LOQUAT AVE	.~	NAME STREET ADDRESS	İ				•	"
CITY-ST-ZIP	COCONUT GROVE FL 33133	ردوندد درد مناه بهستند	CITY ST-ZIP	**. `		رهانسانديود جاي با ه 		·	
TITLE NAME	FORBES, ELIZABETH A	☐ Oelete	TITLE NAME		<del></del>		☐ Change	Addition	-[-
STREET ADDRESS CITY-ST-ZIP	100 S TREMAIN STREET E-3		STREET ADDRESS CITY-ST-ZIP						
TITLE	MOUNT DORA FL 32757  VD	☐ Delete	TITLE				Change	Addition	1
NAME STREET ADDRESS	SCHMEDT, DAVID W 100 NW 1ST AVE		name Street adoress	160	NE FIFTH	Avenue			
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP			FL 3348	33		
TITLE NAME	Strang Mc Weeky	☐ Delete	TITLE NAME	121V. Sha	von Mch	leely		Addition	
STREET ADDRESS CITY-ST-ZIP	1		STREET ADORESS CITY-51-ZIP	301 (	East Pine	st, Suite	900	i	}
TITLE	<u> </u>	Delete	TITLE	0810	undo, FL	32801	☐ Change	Addition	1
NAME STREET ADDRESS			NAME STREET ADDRESS					ļ	
CITY-ST-ZIP		<u>'</u>	CITY-ST-ZIP						1
	actifushas tha information aumaliad with this fi								

I mereby certify that the information supplied with this filling 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: DISTRICT PROBLET PROSIDER	+ 4/25/03	561-278-2601
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Data	Daytime Phone #