

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707831

Entity Name: PENSACOLA SISTER CITIES INTERNATIONAL, INC.**Current Principal Place of Business:**45 VIA DE LUNA DRIVE
PENSACOLA, BEACH, FL 32561-2003**Current Mailing Address:**45 VIA DE LUNA DRIVE
PENSACOLA, BEACH, FL 32561-2003 US**FEI Number:** 59-1110437**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARPER, NAN
45 VIA DE LUNA DRIVE
PENSACOLA, BEACH, FL 32561-2003 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:** NAN HARPER

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HARPER, NANETTE
Address	45 VIA DE LUNA
City-State-Zip:	PENSACOLA BEACH FL 32561

Title	ASST. TREASURER
Name	HOGEMAN, WYLIE
Address	1920 VILLAFANE DRIVE
City-State-Zip:	PENSACOLA FL 32503

Title	ASST. TREASURER
Name	MERRILL, WILL III
Address	P.O. BOX 710
City-State-Zip:	PENSACOLA FL 32591

Title	ST
Name	ASMAR, AMELIA
Address	P.O. BOX 185
City-State-Zip:	PENSACOLA FL 32591

Title	SECRETARY
Name	BAKER, LAVERNE
Address	84 BAY BRIDGE DRIVE
City-State-Zip:	GULF BREEZE FL 32561-4467

Title	DIRECTOR
Name	BALLINGER, MALCOLM
Address	41 NORTH JEFFERSON STREET SUITE 402
City-State-Zip:	PENSACOLA FL 32502

I hereby 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 all other like empowered.

SIGNATURE: NANETTE HARPER

P

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date