

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46225

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC7969711155**

**Entity Name:** TAMPA SISTER CITIES COMMITTEE, INC.

**Current Principal Place of Business:**

4023 N. LINCOLN AVE  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 5038  
TAMPA, FL 33675 US

**FEI Number:** 59-3115512

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARTOLOTTI, CATHERINE S  
4023 N. LNCOLN AVE  
TAMPA, FL 33607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SPOTO, JOHN P  
Address 1026 MEADOW LANE  
City-State-Zip: BRANDON FL 33511

Title VP  
Name ALVAREZ, MANUEL GJR.  
Address 4603 WISHART BLVD  
City-State-Zip: TAMPA FL 33603

Title T  
Name BARTOLOTTI, CATHERINE S  
Address 4023 N LINCOLN AVENUE  
City-State-Zip: TAMPA FL 33607

Title S  
Name MAGRIBY, ROSE-MARIE  
Address 928 SO DAKOTA AVE.  
City-State-Zip: TAMPA FL 33606

Title D  
Name PINES, HAZEL  
Address 3308 UNION STREET  
City-State-Zip: TAMPA FL 33607

Title D  
Name PALOMINO, RAUL C  
Address 1008 W. INDIANA AVE.  
City-State-Zip: TAMPA FL 33603

*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: CATHERINE S. BARTOLOTTI**

**TREASURER**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date