FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745066** **(1)**

1. Corporation Name

GAY AND LESBIAN SERVICES OF CENTRAL FLORIDA, INC ORPORATED

Principal Place of Business	Mailing Address
714 E COLONIA DR P.O. BOX 533446 ORLANDO FL 32803 US	P.O. BOX 533446 ORLANDO FL 32853-3446 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1978
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-1884445 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 714 E. Colonial Dr
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL
Zip 24 32803 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

POPICK, DAVID W
1041 TUSCANY PLACE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON JR., FRANCIS	1.2 NAME	
STREET ADDRESS	6202 PEREGRINE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	SULLIVAN, JEFFREY	2.2 NAME	Harding, Laura J.
STREET ADDRESS	5565 JALEEN AVENUE	2.3 STREET ADDRESS	5648 Pinerock Road
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BAIN, DAVID	3.2 NAME	Sandy Short
STREET ADDRESS	1523 E. WASHINGTON ST.	3.3 STREET ADDRESS	2825 Conover Ave.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	PD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	WARD, ROCKY	4.2 NAME	Julie Whitley
STREET ADDRESS	4707 DANDELION DRIVE	4.3 STREET ADDRESS	5410 Brownell St.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	VD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	FRITTS, DEBBIE	5.2 NAME	Spencer Osborne
STREET ADDRESS	3431 HARROW LANE	5.3 STREET ADDRESS	4444 S. Rio Grande, #802-D
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	STRAIT, HAROLD	6.2 NAME	John Fliszar
STREET ADDRESS	2972 PLAZA TERRACE DR	6.3 STREET ADDRESS	327 N. Ventura Ave.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32805

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie A. Whitley 4-11-95 407-629-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094778