

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 745066

(1)

1. Corporation Name

GAY AND LESBIAN COMMUNITY SERVICES OF CENTRAL FL
ORIDA, INC.

Principal Place of Business

Mailing Address

714 E. COLONIAL DRIVE
ORLANDO FL 32803
US

714 E. COLONIAL DR.
ORLANDO FL 32803
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

POPICK, DAVID W
1041 TUSCANY PLACE
WINTER PARK FL 32789

3. Date Incorporated or Qualified

11/27/1978

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME O'BERRY, CHARLSIE
STREET ADDRESS 8711 FOLEY DR
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE PED
NAME FLISZAR, JOHN *
STREET ADDRESS 327 N VENTURA AVE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE SD
NAME JEFFREY, ROBERT W JR.
STREET ADDRESS 1816 OLE HERITAGE DR., #1411
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME ADDISON, SHANNON
STREET ADDRESS 919 PINE GROVE AVE.
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME BOYLE, PATTY M
STREET ADDRESS 1220 PALMER STREET
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME ROEHLING, KRIS
STREET ADDRESS 340 N HILLMAN AVE.
CITY-ST-ZIP ORLANDO FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Reed, Penny E.
1.3 STREET ADDRESS 4726 Robbins Avenue
1.4 CITY-ST-ZIP Orlando, FL 32803

☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME Brucker, Doug
2.3 STREET ADDRESS 500 Grant Street E.
2.4 CITY-ST-ZIP Orlando, FL 32806

☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME Moody, Lee
3.3 STREET ADDRESS 6769 Magnolia Pointe Circle
3.4 CITY-ST-ZIP Orlando, FL 32810

☐ Change ☒ Addition

4.1 TITLE SD
4.2 NAME Bell, Greg
4.3 STREET ADDRESS 2174 Crandon Avenue
4.4 CITY-ST-ZIP Winter Park, FL 32789

☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME Alexander-Manley, Chris
5.3 STREET ADDRESS 1043 Palm Cove Drive
5.4 CITY-ST-ZIP Orlando, FL 32835

☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Burzee, Phyllis
6.3 STREET ADDRESS 901 Euclid Avenue
6.4 CITY-ST-ZIP Orlando, FL 32806

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Penny E. Reed Penny E. Reed

9/17/98

407-425-4527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Sep 30 1998 8:00am
Secretary of State

