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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745066

1. Corporation Name

GAY, LESBIAN & BISEXUAL COMMUNITY CENTER OF CENTRAL FLORIDA, INC.

Principal Place of Business

~~714 E. COLONIAL DRIVE~~
 ORLANDO FL 32803
 US

Mailing Address

~~714 E. COLONIAL DR.~~
 ORLANDO FL 32803
 US



2. Principal Place of Business

21 **934 N. MILLS AVE.**

2a. Mailing Address

26 ~~714 E. Colonial Dr.~~

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

City & State

23 **ORLANDO, FL**

City & State

28 **ORLANDO, FL**

Zip

24 **32803**

Country

25 **USA**

Zip

29 **32803**

Country

30 **USA**

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 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** ☐ DELETE

NAME **REED, PENNY E**
 STREET ADDRESS **4726 ROBBINS AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VD** ☒ DELETE

NAME **BRUCKER, DOUG**
 STREET ADDRESS **500 GRANT STREET E**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **TD** ☒ DELETE

NAME **MOODY, LEE**
 STREET ADDRESS **6769 MAGNOLIA POINTE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **SD** ☐ DELETE

NAME **BELL, GREG**
 STREET ADDRESS **2174 CRANDON AVENUE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ DELETE

NAME **ALEXANDER-MANLEY, CHRIS**
 STREET ADDRESS **1043 PALM COVE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☒ DELETE

NAME **BURZEE, PHYLLIS**
 STREET ADDRESS **901 EUCLID AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Reed, Penny E.**
 1.3 STREET ADDRESS **4726 Robbins Avenue**
 1.4 CITY-ST-ZIP **Orlando, FL 32808**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Johnson, Michael**
 2.3 STREET ADDRESS **500 Grant Street East**
 2.4 CITY-ST-ZIP **Orlando, FL 32806**

3.1 TITLE **XXXXXX** ☐ Change ☒ Addition

3.2 NAME **XXXXXX**
 3.3 STREET ADDRESS **XXXXXX**
 3.4 CITY-ST-ZIP **XXXXXX**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Blankenship, Kathy**
 4.3 STREET ADDRESS **625 E. Magnolia Avenue**
 4.4 CITY-ST-ZIP **Longwood, FL 32750**

5.1 TITLE **TD** ☐ Change ☒ Addition

5.2 NAME **Lauria, Ron**
 5.3 STREET ADDRESS **620 Cranes Way #207**
 5.4 CITY-ST-ZIP **Altamonte Springs, FL 32701**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Jackowitz, Enid**
 6.3 STREET ADDRESS **2502 Chanute Trail**
 6.4 CITY-ST-ZIP **Maitland, FL 32751**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Penny Reed, President

5/13/99

407-425-4527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

Gay, Lesbian & Bisexual Community Center of Central Florida, Inc. ~~745066~~

Document No. 745066

Continuation of Block 12, Nonprofit Corporation Annual Report for 1999

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745066

D

Lambert, Gary
1861 Edwin Boulevard
Winter Park, FL 32789

D

Lewandowski, Barry
959 Florida Parkway
Kissimmee, FL 34743

D

Miller, Barry L.
5105 Turkey Lake Road
Orlando, FL 32819

D

Miller, Jeffrey A.
811 E. Pine Street
Orlando, FL 32801

D

Reed, Lorraine
4726 Robbins Avenue
Orlando, FL 32808