2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#745066

FILED Apr 17, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 946 NORTH MILLS AVE ORLANDO, FL 32803 US **Current Mailing Address: New Mailing Address:** 946 NORTH MILLS AVE ORLANDO, FL 32803 US FEI Number: 59-1884445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARBER, ELLIOTT 639 RAMONA LANE #1 ORLANDO, FL 32805 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHULER, DAVID A Name: Name: 207 PHILLIPS PL Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: Title: () Delete () Change () Addition BELL, GREG Name: Name: Address: 21714 CRANDEN AVE. Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition ROGERS, AUSTIN Name: Name: Address: 2111 VIVADA ST. Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WALKER, JETER Name: SCHOPPE, PHILLIP 1832 WILLOW LN Address: 3038 PLAZA TERRACE DR Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: (X) Change () Addition SCHOPPE, PHILLIP POTKOVIC, LINDA Name: Name: 1832 WILLOW LN 14118 LAKE PRICE DR Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32826 FL Title: () Delete Title: (X) Change () Addition KINNEY, ROBERT J KINNEY, ROBERT J Name: Name: Address: 1920 S. PARK AVE Address: 1920 S. PARK AVE. SANFORD, FL 32771 SANFORD, FL 32771 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILLIP SCHOPPE T 04/17/2006