2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#745066

FILED Jul 07, 2007 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 (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

Address:

City-St-Zip:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SCHULER, DAVID A
 Name:
 POTKOVIC, LINDA A

 Address:
 207 PHILLIPS PL
 Address:
 14118 LAKE PRICE DRIVE

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32826 35

Title: D () Delete Title: VP (X) Change () Addition Name: BELL, GREG Name: BRATCHER, ERIC

Address: 21714 CRANDEN AVE. Address: 367 PANSY AVE.
City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete Title: S (X) Change () Addition Name: ROGERS, AUSTIN Name: VANCE, MICHEAL

 Address:
 2111 VIVADA ST.
 Address:
 2705 ROSE AVE.

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32839

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SCHOPPE, PHILLIP
 Name:
 TALLEN, BETTE, DR.

 Address:
 1832 WILLOW LN
 Address:
 1170 KENWOOD AVE.

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 WINTER PARK, FL 32789

 $\label{eq:title: VP () Delete} Title: \qquad \qquad D \qquad \qquad (X) \ Change \ (\) \ Addition$

 Name:
 POTKOVIC, LINDA
 Name:
 SCHULER, DAVID A

 Address:
 14118 LAKE PRICE DR
 Address:
 207 PHILLIPS PL.

 City-St-Zip:
 ORLANDO, FL 32826 FL
 City-St-Zip:
 ORLANDO, FL 32806 FL

Title: D () Delete Title: D (X) Change () Addition
Name: KINNEY ROBERT J Name: STRAIT HAROLD

KINNEY, ROBERT J Name: STRAIT, HAROLD
1920 S. PARK AVE. Address: 8049 SNAPPER TRAIL
SANFORD, FL 32771 City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify 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: LINDA POTKOVIC, MA, LMHC PRES 07/07/2007