2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745066

Apr 20, 2009 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete POTKOVIC, LINDA A LOVELL, JAY Name: Name: 14118 LAKE PRICE DRIVE Address: 1415 STEVENS AVENUE Address: City-St-Zip: ORLANDO, FL 32826 35 City-St-Zip: ORLANDO, FL 3806 US

Title: () Delete Title: (X) Change () Addition BRATCHER, ERIC Name: MYERS, DWIGHT Name:

Address: 367 PANSY AVE. Address: 6816 SCYTHE AVENUE City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32812 US

Title: () Delete Title: (X) Change () Addition MARINARA, MARTHA BRATCHER, ERIC Name: Name:

1405 JULIP DRIVE 5959 CURRYFORD ROAD #274 Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32822 US

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

Name: TALLEN, BETTE, DR. Name: ADDAE, SCKEAMA 119 W PRINCETON STREET Address: 1170 KENWOOD AVE. Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32804 US

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

STRAIT, HAROLD VANCE, MICHEAL Name: Name: 8049 SNAPPER TRAIL 1004 MONTANA STREET Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32803

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: MICHEAL VANCE ED 04/20/2009