


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90466 046 \*\*\*\*61.25

**DOCUMENT # N00000007141**

1. Entity Name  
**GAY AND LESBIAN COMMUNITY CENTER OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**8359 BEACON BLVD #414**      **P.O. BOX 546**  
**FT MYERS FL 33907**      **FT MYERS FL 33902**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number      Applied For  
**65-1068748**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

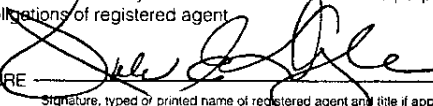
6. Name and Address of Current Registered Agent

**KELLY, JAMES A**  
**9908 VANILLA LEAF ST**  
**FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name      **John E. Doyle**  
 Street      **3903 Sabal Springs Blvd.**  
                  **N. Fort Myers, FL 33901**  
 City        
 Zip Code     

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **John E. Doyle - Treasurer**      DATE **4-22-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GABBARD, MICHAEL 1409 NE 17TH PL CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACARTHUR, STEVEN 3120 SEASONS WAY #311 ESTERO FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, JAMES 9908 VANILLA LEAF ST FT MYERS FL 33916	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARE, MARILYN 9650-3 GREEN CYPRESS LANE FT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John E. Doyle 3903 Sabal Springs Blvd. N. Fort Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Stephen Gray-Blancett 7901 Reflection Cove Dr. #104 Fort Myers, FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary Elena Dremann 311 SE 17th Street Cape Coral, FL 33990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN E. DOYLE**      Date **4-22-2004**      Daytime Phone # **239-567-0593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR