

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50701 (4)**

1. Corporation Name  
**PARENTS AND FRIENDS OF LESBIANS AND GAYS OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>P O BOX 141312 ORLANDO FL 32814-1312</b>	Mailing Address <b>P O BOX 141312 ORLANDO FL 32814-1312</b>
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3. Date Incorporated or Qualified <b>09/02/1992</b>	3a. Date of Last Report <b>08/14/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-3148285</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KOLTNOW, MICHAEL  
823 LEOPARD TRAIL  
WINTER SPRINGS FL 32208**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KOLTNOW, MICHAEL</b>
STREET ADDRESS	<b>823 LEOPARD</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SLUSARZ, JOHN W</b>
STREET ADDRESS	<b>777 E WILDMERE AVE</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>LOCHANSKY, ANNETTE</b>
STREET ADDRESS	<b>2906 STILLWATER DR.</b>
CITY-ST-ZIP	<b>KISSIMEE FL</b>
TITLE	<b>MBD</b> <input type="checkbox"/> DELETE
NAME	<b>GROSSMAN, DAVE</b>
STREET ADDRESS	<b>2320 RIVER RIDGE RD #10</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>MBD</b> <input type="checkbox"/> DELETE
NAME	<b>MOSELR, RANDI</b>
STREET ADDRESS	<b>1630 AUGUSTA WAY</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, PAT</b>
STREET ADDRESS	<b>534 BALMORAL RD</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Sandra B. Mortham **REMOVED SLUSARZ** 4-29-97 (407) 534-5347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017806

CF2E037 (9/96)