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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50701 (4)**

1. Corporation Name
THE PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS ORLANDO/CENTRAL FLORIDA CHAPTER, INC.



Principal Place of Business Mailing Address

P O BOX 141312 ORLANDO FL 32814-1312 P O BOX 141312 ORLANDO FL 32814-1312

3. Date Incorporated or Qualified
09/02/1992

4. FEI Number **59-3148285**

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLTNOW, MICHAEL	1.2 NAME	
STREET ADDRESS	823 LEOPARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLUSARZ, JOHN W	2.2 NAME	Johnson, Michael L.
STREET ADDRESS	777 E WILDMERE AVE	2.3 STREET ADDRESS	500 GRANT ST. EAST
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCHANSKY, ANNETTE	3.2 NAME	Ryder, Lois
STREET ADDRESS	2966 STILLWATER DR.	3.3 STREET ADDRESS	209 PANORAMA DRIVE
CITY-ST-ZIP	KISSIMEE FL	3.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	MBD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, DAVE	4.2 NAME	Jackowitz, Syd
STREET ADDRESS	2329 RIVER RIDGE RD #10	4.3 STREET ADDRESS	2502 CHAUNTE TRAIL
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MBD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELR, RANDI	5.2 NAME	Merkt, Diana H.
STREET ADDRESS	1630 AUGUSTA WAY	5.3 STREET ADDRESS	501 Greenspring Circle
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, PAT	6.2 NAME	Bauer, Beckie
STREET ADDRESS	534 BALMORAL RD	6.3 STREET ADDRESS	8661 Aspen Avenue
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	Orlando, FL 32817

14. 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 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: *Michael L. Johnson* **Michael L. Johnson** 1/23/98 407.875.1818x29

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017122

CR2E037 (10/97)