

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

0017799

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

03-11-1999 90070 021 ****61.25

DOCUMENT # N50701

1. Corporation Name

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

Principal Place of Business
 P O BOX 141312
 ORLANDO FL 32814-1312

Mailing Address
 P O BOX 141312
 ORLANDO FL 32814-1312



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/02/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3148285	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOLTNOW, MICHAEL 823 LEOPARD TRAIL WINTER SPRINGS FL 32208				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	RECORDING SECRETARY NBD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLTNOW, MICHAEL	1.2 NAME	JUDY VARLOW
STREET ADDRESS	823 LEOPARD	1.3 STREET ADDRESS	896 W. CHATING CROSS CIRCLE
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	LAKE PARK, FL 32746
TITLE	T	2.1 TITLE	CORRESPONDING SECRETARY NBD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL L	2.2 NAME	PATRICIA PADILLA
STREET ADDRESS	500 GRANT ST EAST	2.3 STREET ADDRESS	1925 NORTH STREET
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MEMBER OF BOARD	3.1 TITLE	MEMBER OF BOARD OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYDER, LOIS	3.2 NAME	PAT JOHNSON
STREET ADDRESS	209 PANORAMA DR	3.3 STREET ADDRESS	534 BACNOTAL ROAD
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MEMBER OF BOARD	4.1 TITLE	MEMBER OF BOARD OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKOWITZ, SYD	4.2 NAME	K. C. CALDARAZZO
STREET ADDRESS	2502 CHANUTE TRAIL	4.3 STREET ADDRESS	5555 LA COSTA DRIVE
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	MEMBER OF BOARD	5.1 TITLE	MEMBER OF BOARD OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERKT, DIANA H	5.2 NAME	JEFF PUDWILL
STREET ADDRESS	501 GREENSPRING CIR	5.3 STREET ADDRESS	4428 S. LAKE ORLANDO PARKWAY
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VP & PRESIDENT ELECT	6.1 TITLE	MEMBER OF BOARD OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, BECKIE	6.2 NAME	NICHOLLE BOYER
STREET ADDRESS	8661 ASPEN AVE	6.3 STREET ADDRESS	263 SORRENTO CIRCLE
CITY-ST-ZIP	ORLANDO FL 32817	6.4 CITY-ST-ZIP	WINTER PARK, FL 32792

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, with all other like empowered.

SIGNATURE: [Signature] **RESIGNED** JACKOWITZ Date: March 7, 1999 Daytime Phone #: (407) 628-0282

CR2E037 (11/98)