

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90273 007 \*\*\*\*61.25



**DOCUMENT # N50701**

1. Entity Name

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

Principal Place of Business

Mailing Address

P O BOX 141312  
ORLANDO FL 32814-1312

P O BOX 141312  
ORLANDO FL 32814-1312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3148285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKOWITZ, SYDNEY L  
2502 CHANUTE TRAIL  
MAITLAND FL 32751**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **WARREN, SUSAN**  
STREET ADDRESS **2808 TROPIC COURT**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Delete  
NAME **JACKOWITZ, SYD**  
STREET ADDRESS **2502 CHANUTE TRAIL**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DCOP**  Delete  
NAME **PADILLA, PATRICIA**  
STREET ADDRESS **1925 NORTH ST**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **CALDARAZZO, K.C.**  
STREET ADDRESS **5555 LA COSTA DR**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE  Change  Addition  
NAME **JAVIER CABALLERO**  
STREET ADDRESS **160 RAINTREE DRIVE**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **VD**  Delete  
NAME **BRANCIFORTE, ROSIE**  
STREET ADDRESS **940 MAPLE CREEK DR**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  Delete  
NAME **CABACCERO, JAY**  
STREET ADDRESS **160 RAINTREE DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE  Change  Addition  
NAME **CABALLERO**  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

(407) 628-0282

Date

Daytime Phone #