


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N50701**

1. Entity 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      P O BOX 141312**  
**ORLANDO, FL 32814-1312      ORLANDO, FL 32814-1312**

**DO NOT WRITE IN THIS SPACE**



08262008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-3148285</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

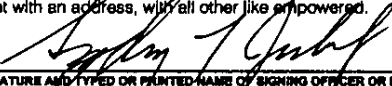
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	U000000958649 08/29/08-80006-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, SUSAN 2808 TROPIC COURT WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKOWITZ, SYD 2502 CHANUTE TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PADILLA, PATRICIA 1925 NORTH ST LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABELLERO, JAVIER 160 RAINTREE DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANCIFORTE, ROSIE 940 MAPLE CREEK DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABALLERO, JAY 160 RAINTREE DRIVE LONGWOOD, FL 32779

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **SYDNEY L. JACKOWITZ**      8/26/08      707-628-0282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #