

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005
Secretary of State

DOCUMENT# N94000002871

Entity Name: GLSEN/MIAMI, INC.

Current Principal Place of Business:

3229 GIFFORD LANE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347321
CORAL GABLES, FL 332347321

New Mailing Address:

P.O. BOX 480299
FT. LAUDERDALE, FL 33348

FEI Number: 65-0476504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOUPO, ROBERT
3229 GIFFORD LANE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUPO, ROBERT
Address: 3229 GIFFORD LANE
City-St-Zip: MIAMI, FL 33133

Title: TD () Delete
Name: PRESLEY, BRUCE
Address: 2609 NE 8 STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: HENRIQUEZ, LUIS
Address: 4190 PAMONA
City-St-Zip: MIAMI, FL 33133

Title: VD () Delete
Name: KAPLAN, BETSY
Address: 6790 SW 122 DRIVE
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: BREMER, JOHN
Address: 1219 PENNSYLVANIA AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BLANCO, ROGER
Address: 801 MERIDIAN AVE #3-C
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOUPO, ROBERT
Address: 3229 GIFFORD LANE
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE PRESLEY

TD

08/24/2005

Electronic Signature of Signing Officer or Director

_____ Date