

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745066

**Entity Name:** GAY, LESBIAN, BISEXUAL AND TRANSGENDER COMMUNITY  
CENTER OF CENTRAL FLORIDA, INCORPORATED

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC0682311806**

**Current Principal Place of Business:**

946 NORTH MILLS AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

946 NORTH MILLS AVE  
ORLANDO, FL 32803 US

**FEI Number: 59-1884445**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUAK, JEFFREY P. ESQ.  
255 S. ORANGE AVENUE  
SUITE 900  
ORLANDO, FL 32801 US

*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: JEFFREY P. BUAKE, ESQ.**

**04/20/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC  
Name BUAKE, JEFFREY P.  
Address 946 NORTH MILLS AVE  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name MARTIN, KELLY  
Address 946 NORTH MILLS AVE  
City-State-Zip: ORLANDO FL 32803

Title PRESIDENT  
Name VARGAS, TIM  
Address 946 NORTH MILLS AVE  
City-State-Zip: ORLANDO FL 32803

*I hereby 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 all other like empowered.*

**SIGNATURE: JEFFREY P. BUAKE**

**ATTORNEY**

**04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date