

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001610

**Entity Name:** LGBT+ FAMILY & GAMES, INC.

**Current Principal Place of Business:**

931 N STATE RD 434  
#1201 105  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

931 N STATE RD 434  
BOX 105 STE 1201  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 82-4518100

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PTSD  
Name            EADES, JAMES B III  
Address        931 N STATE RD 434  
                  BOX 105 STE 1201  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            D  
Name            CORONADO, ANDREW  
Address        931 N STATE RD 434  
                  BOX 105 STE 1201  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            D  
Name            CHRISTOPHER, LARCOM  
Address        931 N STATE RD 434  
                  BOX 105 STE 1201  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** JAMES B. EADES III

**EXECUTIVE DIRECTOR**

**02/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date