

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000001421

Entity Name: GAY OFFICERS ACTION LEAGUE CENTRAL FLORIDA,INC.

Current Principal Place of Business:

6169 CYRIL AVENUE
ORLANDO, FL 32809

Current Mailing Address:

P.O. BOX 1646
ORLANDO, FL 32802 US

FEI Number: 83-3575245

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PETRIE, ROBIN
531 ECON CIRCLE
SUITE 1001
OVIEDO, FL 32765 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: ROBIN PETRIE

01/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PETRIE, ROBIN
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

Title VP
Name TORRES, DANIELLE
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

Title TREASURER
Name GREEN, MENACHEM
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

Title AUTHORIZED REPRESENTATIVE
Name ARELLANO-ZANE, SCOTT D
Address PO BOX 1646
City-State-Zip: ORLANDO FL 32802

Title GENERAL COUNSEL
Name TATUM, CHRISTOPHER
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

Title EXECUTIVE DIRECTOR
Name MONTANEZ, ANDREA
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

Title PR MANAGER
Name CARSON, SHANNON
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

Title RECORDING SECRETARY
Name CASPER, AUDREY
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802

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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: SCOTT D. ARELLANO-ZANE

**AUTHORIZED
REPRESENTATIVE**

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name WHITE, AMANDA
Address P.O. BOX 1646
City-State-Zip: ORLANDO FL 32802