

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

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

RAGAN, BRANDON N  
6169 CYRIL AVENUE  
ORLANDO, FL 32809 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:** BRANDON N. RAGAN

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAGAN, BRANDON N  
Address        P.O. BOX 1646  
City-State-Zip: ORLANDO FL 32802

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

Title            TREASURER  
Name            WHITE, AMANDA  
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            FIGUEROA, ASHLEY  
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:** AMANDA M. WHITE

TREASURER

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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