

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50701

**Entity Name:** THE PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS ORLANDO/CENTRAL FLORIDA CHAPTER, INC.

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC8976706274**

**Current Principal Place of Business:**

433 BISON CIR  
APOPKA, FL 32712

**Current Mailing Address:**

P O BOX 141312  
ORLANDO, FL 32814-1312

**FEI Number: 59-3148285**

**Certificate of Status Desired: Yes**

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

KILEY, ROBERT A JR.  
433 BISON CIR  
APOPKA, FL 32712 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: ROBERT A KILEY JR.**

**01/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KILEY, ROBERT A JR.  
Address        P O BOX 141312  
City-State-Zip: ORLANDO FL 32814-1312

Title           PRESIDENT  
Name           COLLINS, JERRY P  
Address        P O BOX 141312  
City-State-Zip: ORLANDO FL 32814-1312

Title           SECRETARY  
Name           SHIMKAVEG, GREGORY  
Address        P O BOX 141312  
City-State-Zip: ORLANDO FL 32814-1312

*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: ROBERT A KILEY JR**

**TREASURER**

**01/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date