

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50701

**FILED**  
**Feb 15, 2014**  
**Secretary of State**  
**CC4366260106**

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

**Current Principal Place of Business:**

142 E JACKSON ST  
ORLANDO, FL 32801

**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:**

HEWIT, SARA E  
753 GILBERT ROAD  
WINTER PARK, FL 32792 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: SARA E. HEWIT

02/15/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HEWIT, SARA E.  
Address        753 GILBERT ROAD  
City-State-Zip: WINTER PARK FL 32792

Title           PRESIDENT  
Name           CARLSON, GLEN M.  
Address        3035 ETTA CIRCLE  
City-State-Zip: DELTONA FL 32738

Title           VP  
Name           WOOD, JUDY  
Address        10290 CYPRESS VINE DRIVE  
City-State-Zip: ORLANDO FL 32827

Title           SECRETARY  
Name           LEIDIGH, GAIL  
Address        150 E ROBINSON ST  
City-State-Zip: ORLANDO FL 32738

*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: SARA E. HEWIT

TREASURER

02/15/2014

Electronic Signature of Signing Officer/Director Detail

Date