

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90466 046 ****61.25

DOCUMENT # N00000007141

1. Entity Name

**GAY AND LESBIAN COMMUNITY CENTER OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business

**8359 BEACON BLVD #414
FT MYERS FL 33907**

Mailing Address

**P.O. BOX 546
FT MYERS FL 33902**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KELLY, JAMES A
9908 VANILLA LEAF ST
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

John E. Doyle

Street

3903 Sabal Springs Blvd.

City

N. Fort Myers, FL 33901

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

John E. Doyle - Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **GABBARD, MICHAEL**
STREET ADDRESS **1409 NE 17TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **CD** ☒ Delete
NAME **MACARTHUR, STEVEN**
STREET ADDRESS **3120 SEASONS WAY #311**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **TD** ☒ Delete
NAME **KELLY, JAMES**
STREET ADDRESS **9908 VANILLA LEAF ST**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE **SD** ☐ Delete
NAME **HARE, MARILYN**
STREET ADDRESS **9650-3 GREEN CYPRESS LANE**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

TITLE **Treasurer**
NAME **John E. Doyle**
STREET ADDRESS **3903 Sabal Springs Blvd.**
CITY-ST-ZIP **N. Fort Myers, FL 33901**
Chairperson
NAME **Stephen Gray-Blancett**
STREET ADDRESS **7901 Reflection Cove Dr. #104**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **Recording Secretary**
NAME **Elena Dremann**
STREET ADDRESS **311 SE 17th Street**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. DOYLE

4-22-2004 239-567-0593

Date

Daytime Phone #