


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90037 003 ****61.25

DOCUMENT # N02000000237		
1. Entity Name GLBT YOUTH OF BROWARD COUNTY, INC.		

Principal Place of Business 1717 N ANDREWS AVE FT LAUDERDALE, FL 33311	Mailing Address PO BOX 23146 FT LAUDERDALE, FL 33305
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24009448



2. Principal Place of Business		3. Mailing Address <i>c/o Gayle Greene</i> <i>520 NE 20th St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>916</i>	
City & State		City & State <i>Wilton Manors, FL</i>	
Zip	Country	Zip	Country
		<i>33305</i>	

01262004 Chg-NP CR2E037 (10/03)

4. FEI Number 02-0635492	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROENNIMAN, MARGARET ESQ 1400 N.E. 14TH ST FT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	GREENE, GAYLE
STREET ADDRESS	520 NE 20TH ST APT 916
CITY-ST-ZIP	WILTON MANORS, FL 33305
<input type="checkbox"/> Delete	
TITLE	COPD
NAME	GUTHRIE, MONTE
STREET ADDRESS	1721 NE 56TH CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
<input checked="" type="checkbox"/> Delete	
TITLE	SD
NAME	STEALEY, ORION
STREET ADDRESS	640 SW 133TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
<input type="checkbox"/> Delete	
TITLE	D
NAME	IRWIN, MICHAEL E
STREET ADDRESS	805 OAKLAND PK BLVD #D10
CITY-ST-ZIP	OAKLAND, FL 33311
<input type="checkbox"/> Delete	
TITLE	COPD
NAME	ZINKOWSKI, ALYX
STREET ADDRESS	10302 NW 80TH DR
CITY-ST-ZIP	TAMARAC, FL 33321
<input checked="" type="checkbox"/> Delete	
TITLE	D
NAME	SOLER, MATTHEW D
STREET ADDRESS	4251 SW 20TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33317
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Gayle Greene

954 977-2700