

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000237

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** GLBT YOUTH OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

1717 N ANDREWS AVE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GAYLE GREENE  
520 NW 20TH STREET, #916  
WILTON MANORS, FL 33305

**New Mailing Address:**

**FEI Number:** 02-0635492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROENNIMAN, MARGARET ESQ  
1400 N.E. 14TH ST  
FT LAUDERDALE, FL 33304 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: GREENE, GAYLE  
Address: 520 NE 20TH ST APT 916  
City-St-Zip: WILTON MANORS, FL 33305

Title: ATD (X) Delete  
Name: STEALEY, ORION  
Address: 640 SW 133TH AVE  
City-St-Zip: DAVIE, FL 33325

Title: D (X) Delete  
Name: IRWIN, MICHAEL E  
Address: 805 OAKLAND PK BLVD #D10  
City-St-Zip: OAKLAND, FL 33311

Title: D (X) Delete  
Name: SOLER, MATTHEW D  
Address: 4251 SW 20TH ST  
City-St-Zip: FT LAUDERDALE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GAYLE GREENE

TD

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date