

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000004852

FILED
Sep 29, 2014
Secretary of State

Entity Name: GAY, LESBIAN, BISEXUAL AND TRANSGENDER HISTORY MUSEUM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2100 N. ATLANTIC AVENUE
205
COCOA BEACH, FL 32931

New Principal Place of Business:

1523 E WASHINGTON ST
ORLANDO, FL 32801 US

Current Mailing Address:

2100 N. ATLANTIC AVENUE
205
COCOA BEACH, FL 32931

New Mailing Address:

P.O. BOX 533376
ORLANDO, FL 32853-337 US

FEI Number: 45-2503030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAZMERSKI, KEN
2100 N ATLANTIC AVENUE
#205
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

BAIN, DAVID
1523 E WASHINGTON ST
ORLANDO, FL 32801 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: DAVID BAIN

09/29/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BAIN, DAVID
Address: 1523 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801 UN

Title: VPD
Name: ROSENDAHL, DAWN
Address: 812 MAGNOLIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD
Name: EVANS, RUSSELL
Address: 2225 WEST HOLDEN AVE., #310
City-St-Zip: ORLANDO, FL 32839

Title: SD
Name: STRACK, JOEL
Address: 664 WARWICK PLACE
City-St-Zip: ORLANDO, FL 32803 UN

Title: D
Name: TURNER, CHERYL
Address: 812 MAGNOLIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: KAZMERSKI, KEN
Address: 2100 N. ATLANTIC AVE #205
City-St-Zip: COCOA BEACH, FL 32931 UN

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: DAVID T BAIN

PD

09/29/2014

Electronic Signature of Signing Officer or Director

Date