

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50701

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P O BOX 141312  
ORLANDO, FL 328141312

**New Principal Place of Business:**

142 E JACKSON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

P O BOX 141312  
ORLANDO, FL 328141312

**New Mailing Address:**

**FEI Number:** 59-3148285      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JACKOWITZ, SYDNEY L  
2502 CHANUTE TRAIL  
MAITLAND, FL 32751 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: D ( ) Delete  
Name: WARREN, SUSAN  
Address: 2808 TROPIC COURT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: DT ( ) Delete  
Name: JACKOWITZ, SYD  
Address: 2502 CHANUTE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: DP ( ) Delete  
Name: PADILLA, PATRICIA  
Address: 1925 NORTH ST  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: CABELLERO, JAVIER  
Address: 160 RAINTREE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete  
Name: BRANCIFORTE, ROSIE  
Address: 940 MAPLE CREEK DR  
City-St-Zip: ORLANDO, FL 32828

Title: DS ( ) Delete  
Name: CABALLERO, JAY  
Address: 160 RAINTREE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

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

Title: D (X) Change ( ) Addition  
Name: HEWITT, SARA  
Address: 753 GILBERT ROAD  
City-St-Zip: WINTER PARK, FL 32792

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: D (X) Change ( ) Addition  
Name: BERRY, JUDY  
Address: 500 WOODLAND ST  
City-St-Zip: ORLANDO, FL 32806

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SYDNEY JACKOWITZ

D T

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date