

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3:45

DOCUMENT # **N93000002946 (2)**

1. Corporation Name

**GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT L
AUDERDALE, INC.**

Principal Place of Business

Mailing Address

**305 NORTH VICTORIA PARK ROAD
FT. LAUDERDALE FL 33301**

**P.O. BOX 4567
FT LAUDERDALE FL 33338**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0431045

Applied For

Yes
 No
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARKSON, JUNE M
2640 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD FL 33020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	SCHUBERT, ALAN E
STREET ADDRESS	305 N VICTORIA PARK RD
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	DV
NAME	ROHRBUCHER, YVONNE
STREET ADDRESS	319 SW 20 ST
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	CLARKSON, JUNE M
STREET ADDRESS	2640 HOLLYWOOD BLVD, SUITE 201
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D
NAME	SINGER, TIMOTHY J
STREET ADDRESS	1712 NE 17 AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	LEON VAN DYKE		
1.3 STREET ADDRESS	1301 VAN BUREN STREET		
1.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33019		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addendum with an address.

SIGNATURE: *June M. Clarkson* **JUNE M. CLARKSON** 1-30-95 305-925-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number