

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N93000002946 (2)**
 1. Corporation Name

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



Principal Place of Business Mailing Address
305 NORTH VICTORIA PARK ROAD FT. LAUDERDALE FL 33301
P.O. BOX 4567 FT LAUDERDALE FL 33338

3. Date Incorporated or Qualified **06/25/1993** 3a. Date of Last Report **02/06/1995**

21. Principal Place of Business 1164 E. Oakland Park Blvd.	22a. Mailing Address P.O. Box 70518	4. FEI Number 65-0431045	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 301	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Oakland Park, FL	28. City & State FLauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33334	25. Country USA	29. Zip 33307-0518	30. Country USA

9. Name and Address of Current Registered Agent CLARKSON, JUNE M 2640 HOLLYWOOD BLVD. SUITE 201 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent	
81. Name Dilia Loe	82. Street Address (PO Box Number is Not Acceptable) 1164 E Oakland Park Blvd	83. # # 301	84. City Oakland Park
		85. Zip Code FL 33334	

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: *Dilia Loe* *Dilia Loe* **7/24/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-appointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	<input type="checkbox"/> DELETE	1.1 TITLE T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN DYKE, LEON		1.2 NAME	
STREET ADDRESS 1301 VAN BUREN STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROHRBUCHER, YVONNE		2.2 NAME James Bernath	
STREET ADDRESS 319 SW 20 ST		2.3 STREET ADDRESS 2955 Terramar	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP FLauderdale FL 33304	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARKSON, JUNE M		3.2 NAME James Gowieser	
STREET ADDRESS 2640 HOLLYWOOD BLVD, SUITE 201		3.3 STREET ADDRESS 1715 NE 5 CT	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP FLauderdale, FL 33301	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE (Executive Director) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SINGER, TIMOTHY J		4.2 NAME Dilia Loe	
STREET ADDRESS 1712 NE 17 AVE		4.3 STREET ADDRESS 948 SW 4th St	
CITY-ST-ZIP FT LAUDERDALE FL		4.4 CITY-ST-ZIP Boca Raton, FL 33486	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dilia Loe* *Dilia Loe* **7/24/96** **954-5639500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYPHONE #

CR2E034 (3/96)