

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**NON PROFIT CORPORATION ANNUAL REPORT 1998**

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



FILED

99 JUN -1 PM 12: 28

DOCUMENT # **N93000002946 (2) NON-PROFIT**

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**1164 E. OAKLAND PARK BLVD  
 SUITE 301  
 OAKLAND PARK FL 33334  
 US**

Mailing Address  
**P.O. BOX 70518  
 FT LAUDERDALE FL 33307-0518  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
**06/25/1993**

4. FEI Number  
**65-0431045**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. Name and Address of Current Registered Agent  
**LOE, DILIA  
 1164 E. OAKLAND PARK BLVD  
 #301  
 OAKLAND PARK FL 33334**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number, No. acceptable)  
**700002348267--3**  
**06/05/98 01003-009**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type for president, principal registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                  |
|----------------------------|----------------------------------|---|----------------------------------|
| TITLE                      | <b>TD</b>                        | 1.1 TITLE   | <b>VPD</b>                       |
| NAME                       | <b>VAN DYKE, LEON</b>            | 1.2 NAME  | <b>VAN DYKE, LEON</b>            |
| STREET ADDRESS             | <b>1301 VAN BUREN STREET</b>     | 1.3 STREET ADDRESS                                    | <b>2200 NE 33 AVE #8E</b>        |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>              | 1.4 CITY-ST-ZIP                                       | <b>Fort Lauderdale, FL 33305</b> |
| TITLE                      | <b>VPD</b>                       | 2.1 TITLE   | <b>PD</b>                        |
| NAME                       | <b>BERNATH, JAMES</b>            | 2.2 NAME  | <b>BERNATH, JAMES</b>            |
| STREET ADDRESS             | <b>2835 TERRAMAR</b>             | 2.3 STREET ADDRESS                                    | <b>2835 Terramar</b>             |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL</b>          | 2.4 CITY-ST-ZIP                                       | <b>Ft Lauderdale, FL 33304</b>   |
| TITLE                      | <b>SD</b>                        | 3.1 TITLE   | <b>SD</b>                        |
| NAME                       | <b>GOUVEIA, JAMES</b>            | 3.2 NAME  | <b>Melanie Joy Cohn</b>          |
| STREET ADDRESS             | <b>1715 NE 5TH COURT</b>         | 3.3 STREET ADDRESS                                    | <b>801 SW 14 Ave., Apt 1</b>     |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL</b>        | 3.4 CITY-ST-ZIP                                       | <b>Fort Lauderdale, FL 33312</b> |
| TITLE                      | <b>ED</b>                        | 4.1 TITLE   |                                  |
| NAME                       | <b>LOE, DILIA</b>                | 4.2 NAME  |                                  |
| STREET ADDRESS             | <b>908 SW 4TH STREET</b>         | 4.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>             | 4.4 CITY-ST-ZIP                                       |                                  |
| TITLE                      | <b>P</b>                         | 5.1 TITLE   | <b>VP</b>                        |
| NAME                       | <b>SCHUBERT, ALAN E.</b>         | 5.2 NAME  | <b>Karen Kelley</b>              |
| STREET ADDRESS             | <b>305 N. VICTORIA PARK ROAD</b> | 5.3 STREET ADDRESS                                    | <b>4400 NW 19th Ave</b>          |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>         | 5.4 CITY-ST-ZIP                                       | <b>Oakland Park, FL 33309</b>    |
| TITLE                      |                                  | 6.1 TITLE   |                                  |
| NAME                       |                                  | 6.2 NAME  |                                  |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |                                  |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, 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* *4/30/98* *954-513-9530*

CR2E034 (10/97)