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**Mar 06, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002946

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1164 E. Oakland Park Blvd	2a		06/25/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	200			65-0431045	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Fort Lauderdale FL			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	33334 US	25	US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
LOE, DILIA 1164 E. OAKLAND PARK BLVD #301 OAKLAND PARK FL 33334				81	Name			Todd MacLean
				82	Street Address (P.O. Box Number is Not Acceptable)			1164 E. Oakland Park Blvd Suite 200
				83				
				84	City	FL	85	Zip Code
					PORT LAUDERDALE			33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Todd D. MacLean* **Todd D. MacLean** 2/16/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	ED	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VAN DYKE, LEON			1.2 NAME	MACLEAN, TODD		
STREET ADDRESS	2200 NE 33RD AVE., #8E			1.3 STREET ADDRESS	715 PALM ST		
CITY-ST-ZIP	FT. LAUDERDALE FL 33305			1.4 CITY-ST-ZIP	WEST PALM BCH, FL 33401		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNATH, JAMES			2.2 NAME			
STREET ADDRESS	2835 TERRAMAR			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHN, MELANIE J			3.2 NAME			
STREET ADDRESS	801 SW 14TH AVE., APT 1			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			3.4 CITY-ST-ZIP			
TITLE	ED	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOE, DILIA			4.2 NAME			
STREET ADDRESS	998 SW 4TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY, KAREN			5.2 NAME			
STREET ADDRESS	4400 NW 19TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33309			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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Todd D. MacLean* **TODD D. MACLEAN** 2/16/99 (954) 5639500

CR2E037 (1/198)