



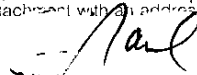
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90277 047 \*\*\*\*61.25

<b>DOCUMENT # N93000002946</b>					
1. Entity Name <b>GAY &amp; LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE, INC.</b>					
Principal Place of Business <b>1717 N. ANDREWS AVENUE FT LAUDERDALE FL 33311 US</b>			Mailing Address <b>P.O. BOX 70518 FT LAUDERDALE FL 33307-0518 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0431045</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KONDRACKI, MARIA C TREASUR 5900 N. ANDREWS AVENUE STE 250 FT LAUDERDALE FL 33309</b>			7. Name and Address of New Registered Agent Name <b>JOHN MOODY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1975 E. SUNRISE BLVD, SUITE 600</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33304</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>JOHN MOODY</b>				DATE <b>4/24/06</b>	
Signature, typed or printed name of registered agent as applicable		(NOTE: Registered Agent signature required when reinstated)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, JOHN J 4736 NE 17TH AVE FORT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN MOODY 1975 E. SUNRISE BLVD - SUITE 600 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZERWONCA, PAUL 633 S. FEDERAL HWY FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RON RYAN 2081 NE 64th STREET FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAPIRO, RICHARD 2301 NE 19TH AVE WILTON MANORS FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HYMAN, PAUL 1216 NE 17TH WAY FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZERELLA, TOM 2809 NE 2ND AVE WILTON MANORS FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TOM ZERELLA 1432 NW 1ST AVE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KONDRACKI, MARIA C 5900 N. ANDREWS AVENUE, SUITE #250 FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered

SIGNATURE:  **PAUL HYMAN-** 954-463-9005