2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002946

FILED Jan 13, 2003 Secretary of State

Entity Name: GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE, INC.

Current Principal Place of Business: New Principal Place of Business: 1717 N. ANDREWS AVENUE FT LAUDERDALE, FL 33311 US **Current Mailing Address: New Mailing Address:** P.O. BOX 70518 FT LAUDERDALE, FL 333070518 US FEI Number: 65-0431045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KONDRACKI, MARIA C TREASUR 5900 N. ANDREWS AVENUE STE 250 FT LAUDERDALE, FL 33309 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEIDER, J. MICHAEL DDS WOOD, LINDA A Name: Name: 2026 NE 19TH STREET Address: 940 BLUE RIDGE WAY Address: City-St-Zip: FT. LAUDERDALE, FL 33305 City-St-Zip: **DAVIE. FL 33325** Title: VD () Delete Title: VD (X) Change () Addition WEISER, ANDREW Name: SCHMIDT, JOHN J Name: Address: 2840 NE 60 STREET Address: 4736 NE 17 AVENUE City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: FT LAUDERDALE, FL 33334 Title: VD. () Delete Title: VD. (X) Change () Addition WOOD, LINDA MOORE, GREG Name: Name: 940 BLUE RIDGE WAY Address: Address: 258 CORSAIR AVENUE City-St-Zip: **DAVIE. FL 33325** City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 (X) Change () Addition Title: ED () Delete Title: FD Name: NICHOLAS, ED Name: NORTON, SANDRA 1717 N. ANDREWS AVENUE 1717 N. ANDREWS AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 Title: () Delete Title: () Change () Addition CIMOCH, RICHARD Name: Name: 342 CITY VIEW DRIVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition KONDRACKI, MARIA C Name: Name: Address: 5900 N. ANDREWS AVENUE, SUITE #250 Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. KONDRACKI T 01/13/2003