

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 023 ****61.25

DOCUMENT # N94000000352					
1. Entity Name PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS OF JACKSONVILLE, INC.					
Principal Place of Business 3820 LAVISTA CIR #116 JACKSONVILLE, FL 32217			Mailing Address P.O. BOX 2971 JACKSONVILLE, FL 32203-2971		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3174603	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARAGA, FRIEDA 3820 LAVISTA CIR #116 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD	NAME SARAGA, FRIEDA		TITLE VICE PRESIDENT	NAME SUE BIRKS	
STREET ADDRESS 3820 LAVISTA CIR #116	CITY-ST-ZIP JACKSONVILLE, FL 32217		STREET ADDRESS 4370 SPRING PARK #2	CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE VP	NAME BIRKS, SUE		TITLE PRESIDENT	NAME SANDY BAHRET	
STREET ADDRESS 363 CEDAR CREEKS FARMS	CITY-ST-ZIP JACKSONVILLE, FL 32040		STREET ADDRESS 3754 HUNTER ST.	CITY-ST-ZIP JACKSONVILLE, FL 32205	
TITLE P	NAME CERIELLO, RICHARD		TITLE SECRETARY	NAME LINDY STUTZMAN	
STREET ADDRESS 2767 HERSCHEL ST.	CITY-ST-ZIP JACKSONVILLE, FL 32205		STREET ADDRESS 1499 EDGEWOOD AVE SOUTH	CITY-ST-ZIP JACKSONVILLE, FL 32205	
TITLE P	NAME BIRKS, SUE		(Empty row for additions/changes)		
STREET ADDRESS 363 CEDAR CREEKS FARMS	CITY-ST-ZIP JACKSONVILLE, FL 32205		(Empty row for additions/changes)		
TITLE (Empty)	NAME (Empty)		(Empty row for additions/changes)		
STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)		(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.					
SIGNATURE: <i>Frieda Saraga</i>			1/5/08 (904) 737-3329		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		