

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000352

FILED
Jan 11, 2009
Secretary of State

Entity Name: PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS OF JACKSONVILLE, INC.

Current Principal Place of Business:

3820 LAVISTA CIR
#116
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2971
JACKSONVILLE, FL 322032971

New Mailing Address:

FEI Number: 59-3174603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARAGA, FRIEDA
3820 LAVISTA CIR
#116
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: SARAGA, FRIEDA
Address: 3820 LAVISTA CIR #116
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: BIRKS, SUE
Address: 4590 SPRING PARK #2
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: BAHRET, SANDY
Address: 3759 HUNTER ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: STATZMAN, CINDY
Address: 1499 EDGEWOOD AVE S
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ROSENBERG, JERRY
Address: 2970 ST. JOHNS AVENUE #9C
City-St-Zip: JACKSONVILLE, FL 32205

Title: P (X) Change () Addition
Name: LOGAN, MARILYN
Address: 1854 BAYARD PLACE #N3
City-St-Zip: JACKSONVILLE, FL 32205

Title: S (X) Change () Addition
Name: BLACKBURN, WAYNE
Address: 4422 LONGFELLOW STREET
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRIEDA SARAGA

TREA

01/11/2009

Electronic Signature of Signing Officer or Director

Date