

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90140 005 ****61.25

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1. Corporation Name

BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.

Principal Place of Business

6835 S.W. 45TH LANE
#8
MIAMI FL 33155

Mailing Address

P.O. BOX 7327
LANGLEY PARK MD 20787-7329



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

36-4005814

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

ARLINGTON VA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

22031859 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRER, LUIGI
6835 S.W. 45TH LANE
#8
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BERGER, STEPHANIE	
STREET ADDRESS	4231 MONTGOMERY ST #105	
CITY-ST-ZIP	OAKLAND CA	
TITLE	D	☐ DELETE
NAME	ROEHLING, KRIS	
STREET ADDRESS	340 HILLMAN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE
NAME	KOLODNY, DEBRA	
STREET ADDRESS	631 RITCHIE AVE	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	D	☐ DELETE
NAME	OWEN, RON	
STREET ADDRESS	3136 N 3RD AVE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	☐ DELETE
NAME	BUCKNAM, MARCELLA	
STREET ADDRESS	11903 ESPLANADE CT #713	
CITY-ST-ZIP	BELLEVUE NE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Timothy Turner	
1.3 STREET ADDRESS	4661 Edwardian Circle Apt 1B	
1.4 CITY-ST-ZIP	Indianapolis, IN 46254	
2.1 TITLE	Son Spinner, Director	☐ Change ☒ Addition
2.2 NAME	3786 Washington	
2.3 STREET ADDRESS	Kansas City, MO 64111	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Ron Owen, Director	☒ Change ☐ Addition
4.2 NAME	8620 E. San Miguel	
4.3 STREET ADDRESS	Scottsdale, AZ 85250	
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	☒ Change ☐ Addition
5.2 NAME	Marcella Bucknam	
5.3 STREET ADDRESS	9505 R Plaza #106	
5.4 CITY-ST-ZIP	Omaha, NE 68127	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

MARCELLA BUCKNAM

MARCELLA BUCKNAM 4/29/99

CR2E037 (11/98)