


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000001028</b> 1. Entity Name <b>POLK COUNTY CHAPTER PARENTS, FAMILIES &amp; FRIENDS OF LESBIANS AND GAYS, INC.</b>					
Principal Place of Business <b>519 CRESAP STREET LAKELAND FL 33815 US</b>		Mailing Address <b>519 CRESAP STREET LAKELAND FL 33815 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3275559</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>SPENCER, HOMER A 519 CRESAP STREET LAKELAND FL 33815</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT SPENCER, HOMER A 519 CRESAP ST LAKELAND FL 33815			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS THOMPSON, WARREN 613 MIRROR TERR NW APT 2 WINTER HAVEN FL 33881			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DBM TEETER, CARROLL 2001 W LAKE ROY WINTER HAVEN FL 33880			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GRAZIER, ALESA 6409 CHAROLAIS DRIVE LAKELAND FL 33809			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DBM EDELSON, NOAH 94 REINKE RD. HAINES CITY FL 33844			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP ROBINSON, CATHY PO BOX 8054 LAKELAND FL 33902			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.				U000000195121 01/26/05 88814 828 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>SIGNATURE:</b> <i>Homer Spencer</i>				(863) 683-5204 1/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	