

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90030 049 \*\*\*\*\*61.25

**DOCUMENT # N94000001028**

1. Entity Name

**POLK COUNTY CHAPTER PARENTS, FAMILIES & FRIENDS OF LESBIANS AND GAYS, INC.**



Principal Place of Business

**519 CRESAP STREET  
LAKELAND FL 33815  
US**

Mailing Address

**519 CRESAP STREET  
LAKELAND FL 33815  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3275559**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, HOMER A  
519 CRESAP STREET  
LAKELAND FL 33815**

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete  
NAME SPENCER, HOMER A  
STREET ADDRESS 519 CRESAP ST  
CITY-ST-ZIP LAKELAND FL 33815

TITLE DS ☐ Delete  
NAME THOMPSON, WARREN  
STREET ADDRESS 613 MIRROR TERR NW APT 2  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE DBM ☐ Delete  
NAME TEETER, CARROLL  
STREET ADDRESS 2001 W LAKE ROY  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE DP ☐ Delete  
NAME GRAZIER, ALESA  
STREET ADDRESS 6409 CHAROLAIS DRIVE  
CITY-ST-ZIP LAKELAND FL 33809

TITLE DBM ☐ Delete  
NAME EDELSON, NOAH  
STREET ADDRESS 94 REINKE RD.  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE DVP ☒ Delete  
NAME ROBINSON, CATHY  
STREET ADDRESS PO BOX 8054  
CITY-ST-ZIP LAKELAND FL 33802

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Change ☒ Addition  
NAME Edelstein, Ruby  
STREET ADDRESS 94 Reineke Rd.  
CITY-ST-ZIP Haines City, FL 33844

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Homer Spencer*

Homer Spencer

1/30/06

(863)683-5204