

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001028

FILED  
Jan 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

519 CRESAP STREET  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

519 CRESAP STREET  
LAKELAND, FL 33815 US

**New Mailing Address:**

PO BOX 1739  
AUBURNDALE, FL 33823 US

**FEI Number:** 59-3275559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GLAZIER, GLEN E TREAS  
6409 CHAROLAIS DR.  
LAKELAND, FL 33810 US

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: GLEN E. GLAZIER

01/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: SPENCER, HOMER A  
Address: 519 CRESAP ST  
City-St-Zip: LAKELAND, FL 33815

Title: DS ( ) Delete  
Name: THOMPSON, WARREN  
Address: 613 MIRROR TERR NW APT 2  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DBM ( ) Delete  
Name: TEETER, CARROLL  
Address: 2001 W LAKE ROY  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV ( ) Delete  
Name: GRAZIER, ALESA  
Address: 6409 CHAROLAIS DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title: DBM ( ) Delete  
Name: EDELSON, NOAH  
Address: 94 REINKE RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: DP ( ) Delete  
Name: MULDER, LYNN  
Address: P.O. BOX 1739  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MULDER, LYNN  
Address: PO BOX 1739  
City-St-Zip: AUBURNDALE, FL 33823

Title: DS (X) Change ( ) Addition  
Name: THOMPSON, WARREN  
Address: PO BOX 1606  
City-St-Zip: WINTER HAVEN, FL 338821606

Title: DBM (X) Change ( ) Addition  
Name: TEETER, CARROLL  
Address: 725 AVE Q. SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DV (X) Change ( ) Addition  
Name: GLAZIER, ALESA  
Address: 6409 CHAROLAIS DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: DBM (X) Change ( ) Addition  
Name: EDELSTEIN, NOAH  
Address: 94 REINKE RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: T (X) Change ( ) Addition  
Name: GLAZIER, GLEN E  
Address: 6409 CHAROLAIS DR.  
City-St-Zip: LAKELAND, FL 33810

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: GLEN E. GLAZIER

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

Date