FILE NOW: FILING FEE AFTER MAY 1 IS ~~$150.00~~ $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002568 (3)

1. Corporation Name
KEY WEST LESBIAN & GAY PRIDE ALLIANCE, INC.

Principal Place of Business	Mailing Address
418A APPELROUTH LN KEY WEST FL 33040	418A APPELROUTH LN KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business
21: 900 SIMONTON ST
22: Suite, Apt. #, etc.
23: City & State: KEY WEST, FL
24: Zip: 33040
25: Country: USA

2a. Mailing Address
26: 900 SIMONTON ST
27: Suite, Apt. #, etc.
28: City & State: KEY WEST, FL
29: Zip: 33040
30: Country: USA

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
FOWLER, JONATHAN R
418A APPELROUTH LN
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name: DAVID BENARD
82 Street Address (P.O. Box Number is Not Acceptable): 900 SIMONTON ST.
83:
84 City: KEY WEST FL 85 Zip Code: 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: DAVID BENARD, TREASURER — David P. Benard — 4-29-95
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	1.1 TITLE	VP	[X] Change [ ] Addition
NAME	COLEMAN, ALLEN	1.2 NAME	ADRIAN WALL	
STREET ADDRESS	418A APPELROUTH LN	1.3 STREET ADDRESS	424 FLEMING ST	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	2.1 TITLE	RICK VAN HOUT, PRES.	[X] Change [ ] Addition
NAME	MANNIX-LACHNER, JANE	2.2 NAME		
STREET ADDRESS	RT 2 BOX 622	2.3 STREET ADDRESS	701 SOUTH ST.	
CITY-ST-ZIP	SUMMERLAND KEY FL	2.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	3.1 TITLE	SECRETARY	[X] Change [ ] Addition
NAME	MANNIX-LACHNER, ANNALISE	3.2 NAME	JONATHON FOWLER	
STREET ADDRESS	RT 2 BOX 622	3.3 STREET ADDRESS	418-A APPELROUTH LN	
CITY-ST-ZIP	SUMMERLAND KEY FL	3.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	4.1 TITLE	TREASURER	[X] Change [ ] Addition
NAME	DIETRICH, JOE	4.2 NAME	DAVID BENARD	
STREET ADDRESS	1319 NEWTON ST	4.3 STREET ADDRESS	900 SIMONTON ST	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	5.1 TITLE	DIRECTOR	[X] Change [ ] Addition
NAME	LUNDEN, BLUE	5.2 NAME	JACQUELINE HARRINGTON	
STREET ADDRESS	RT 2 BOX 514	5.3 STREET ADDRESS	201 COPPITT RD	
CITY-ST-ZIP	SUMMERLAND KEY FL	5.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	P	6.1 TITLE	DAVID FELSTEIN, DIRECTOR	[X] Change [ ] Addition
NAME	WAKELEY, WILLIAM	6.2 NAME		
STREET ADDRESS	1317 DUVAL ST	6.3 STREET ADDRESS	1208 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	KEY WEST, FL 33040	

PM 6/14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David P. Benard — DAVID P. BENARD — 4-29-95 — 305-296-6008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006843