


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000002568 (3)**

1. Corporation Name

KEY WEST LESBIAN & GAY PRIDE ALLIANCE, INC.

Principal Place of Business

Mailing Address

**1215 PETRONIA STREET
KEY WEST FL 33040
US**

**1215 PETRONIA STREET
KEY WEST FL 33040
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

**BENTEN, JOSEPH R
1409 VON PHISTER STREET
KEY WEST FL 33040**

81 Name

L. JEANE WRIGHT

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

616 VIRGINIA ST.

83

84 City

KEY WEST

FL

85 Zip Code

33040

10. Name and Address of New Registered Agent

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

PD. JEANE WRIGHT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WRIGHT, JEANE**
STREET ADDRESS **616 VIRGINIA STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VD** ☒ DELETE

NAME **GERLANDO, FRANK**
STREET ADDRESS **1124 WATSON STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **SD** ☐ DELETE

NAME **HUNTER, MAX S**
STREET ADDRESS **1615 VENETIAN DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **TD** ☒ DELETE

NAME **BENTEN, JOSEPH R**
STREET ADDRESS **1409 VON PHISTER STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **TD**
1.3 STREET ADDRESS **FRANK GARNER**
1.4 CITY-ST-ZIP **208 ANGELA ST
KEY WEST, FL 33040**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **JEREMY ANTHONY**
2.3 STREET ADDRESS **708 WASHINGTON ST**
2.4 CITY-ST-ZIP **KEY WEST, FL 33040**

3.1 TITLE **TR D** ☐ Change ☒ Addition

3.2 NAME **FORREST SHAW**
3.3 STREET ADDRESS **BOX 4506 N/A**
3.4 CITY-ST-ZIP **KEY WEST, FL 33040**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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.

SIGNATURE: **PD**

JEANE WRIGHT

4/27/98 (305) 393-0948

CR2E037 (10/97)