FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91525 010 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005509

1. Entity Name
THE FAMILY TREE: A LESBIAN, GAY, BISEXUAL COMMUNITY CENTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1406 HAYS ST	P.O. BOX 38477
Suite, Apt. #, etc. #4	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32301 Country USA	Zip 32315 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3411233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name TRAVIS CONE

Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS ST #4

City TALLAHASSEE **FL** Zip Code 32301

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.

SIGNATURE Travis Cone TREASURER 4/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
TRAVIS CONE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CO-CHAIR (CD)
NAME	SHERRIE MAJEK
STREET ADDRESS	935 HAWTHORNE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	CO-CHAIR (CD)
NAME	RON BUNTING
STREET ADDRESS	1510 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	SECRETARY (SD)
NAME	RACHEL MAKER
STREET ADDRESS	5644 OLD HICKORY LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	TREASURER (TD)
NAME	TRAVIS CONE
STREET ADDRESS	1914 RAA AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	(D)
NAME	LISA BELL
STREET ADDRESS	1951 N. MERIDIAN RD. #20
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	(D)
NAME	LEO GOLDIE
STREET ADDRESS	1951 N. MERIDIAN RD. #72
CITY-ST-ZIP	TALLAHASSEE, FL 32303

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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Travis Cone TRAVIS CONE 4/16/02 487-9087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACH# N960000005509/ON3822

TITLE: (D)
NAME: DARYL GURLEY
ADDRESS: 390 DEERWOOD CIRCLE
QUINCY, FL 32351

TITLE: (D)
NAME: SUE SMITH
ADDRESS: 3250 ROBINSON OAK DRIVE
TALLAHASSEE, FL 32303

TITLE: (D)
NAME: TRACEE STROHMAN
ADDRESS: 2935 WOODRICH DR #D
TALLAHASSEE, FL 32301