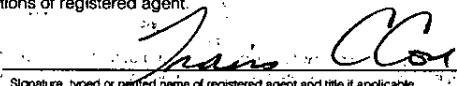
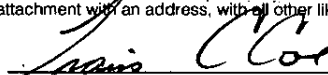


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90493 037 ****61.25

DOCUMENT # N96000005509 1. Entity Name THE FAMILY TREE: A LESBIAN, GAY, BISEXUAL COMMUNITY CENTER, INC.					
Principal Place of Business 1406 HAYS ST #4 TALLAHASSEE, FL 32301 US			Mailing Address P.O BOX 38477 TALLAHASSEE, FL 32315 US		
2. Principal Place of Business 310 BLOUNT STREET Suite, Apt. #, etc. SUITE 205		3. Mailing Address Suite, Apt. #, etc. City & State TALLAHASSEE, FL Zip 32301 Country US			
4. FEI Number 59-3411233		Applied For ☐ Not Applicable		04192004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.				6. Name and Address of Current Registered Agent CONE, TRAVIS 1406 HAYS ST #4 TALLAHASSEE, FL 32315-8477	
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:  DATE: 4/20/04 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAJEK, SHERRIE 935 HAWTHORNE ST TALLAHASSEE, FL 32302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUNTING, RON 1510 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAIT, LISA 5508 SOLT OAK CT TALLAHASSEE, FL 32303	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROSE WILSON 3119 MCCORD BLVD TALLAHASSEE, FL 32303 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONE, TRAVIS 1914 RAA AVE TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LISA 3013 RAIN VALLEY CIR TALLAHASSEE, FL 32308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL ANWAY 558 E. PARK AVE, APT #3 TALLAHASSEE, FL 32301 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDIE, LEO 1951 N MERIDIAN RD #72 TALLAHASSEE, FL 32303	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACEE STROHMANN 1508 HEECHEE NENE TALLAHASSEE, FL 32301 ☐ Change ☒ Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  TRAVIS CONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/20/04 Daytime Phone #: 294-6438		