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	Mailing Address
1406 HAYS ST #4 TALLAHASSEE, FL 32301 US	P.O BOX 38477 TALLAHASSEE, FL 32315 US

04192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
310 BLOUNT STREET	
Suite, Apt. #, etc. SUITE 205	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL	City & State
Zip 32301 Country US	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONE, TRAVIS 1406 HAYS ST #4 TALLAHASSEE, FL 32315-8477	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: Travis C Cone 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	S/D	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BUNTING, RON 1510 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32301	☐ Delete	C/D	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAIT, LISA 5508 SOLT OAK CT TALLAHASSEE, FL 32303	☑ Delete	T/D ROSE WILSON 3119 M.CORD BLVD TALLAHASSEE, FL 32303	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONE, TRAVIS 1914 RAA AVE TALLAHASSEE, FL 32303	☐ Delete	C/D	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, LISA 3013 RAIN VALLEY CIR TALLAHASSEE, FL 32308	☑ Delete	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	D TRACEE STROHMAN 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 C Cone TRAVIS CONE 4/20/04 294-6438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #