

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90018 008 ****61.25

DOCUMENT # N96000005509					
1. Entity Name THE FAMILY TREE: A LESBIAN, GAY, BISEXUAL COMMUNITY CENTER, INC.					
Principal Place of Business 310 BLOUNT STREET STE 205 TALLAHASSEE, FL 32301 US			Mailing Address P.O BOX 38477 TALLAHASSEE, FL 32315 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3411233	
Zip		Country		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 <u>TRAVIS CONE</u> Street Address (P.O. Box Number is Not Acceptable) <u>310 BLOUNT STREET STE 205</u> City <u>TALLAHASSEE</u> <u>FL</u> Zip Code <u>32303</u>		
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 <u>TRAVIS C Cone</u> Signature, typed or printed name of registered agent and title if applicable.			<u>Travis Cone</u> (NOTE: Registered Agent signature required when reinstating)		<u>4/6/05</u> DATE
Filing Fee is \$61.25 Due by May 1, 2005		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 SD NAME HAJEK, SHERRIE STREET ADDRESS 935 HAWTHORNE ST CITY-ST-ZIP TALLAHASSEE, FL 32302	☒ Delete		TITLE CD NAME JIM VANRIPER STREET ADDRESS 2024 TED HINES DR CITY-ST-ZIP TALLAHASSEE, FL 32308	☐ Change ☒ Addition	
TITLE DD NAME BUNTING, RON STREET ADDRESS 1510 OLD ST AUGUSTINE RD CITY-ST-ZIP TALLAHASSEE, FL 32301	☒ Delete		TITLE SD NAME FOURIA PITMAN STREET ADDRESS 2325 W. PENSACOLA #134 CITY-ST-ZIP TALLAHASSEE, FL 32304	☐ Change ☒ Addition	
TITLE TD NAME WILSON, ROSE STREET ADDRESS 3119 MCCORD BLVD CITY-ST-ZIP TALLAHASSEE, FL 32303	☒ Delete		TITLE TD NAME DIANE JOHNSON STREET ADDRESS 2000 N. MERIDIAN RD #143 CITY-ST-ZIP TALLAHASSEE, FL 32303	☐ Change ☒ Addition	
TITLE CD NAME CONE, TRAVIS STREET ADDRESS 1914 RAA AVE CITY-ST-ZIP TALLAHASSEE, FL 32303	☒ Delete		TITLE D NAME MIKE CHAMPION STREET ADDRESS 2548 BILBREY DR, APT B CITY-ST-ZIP TALLAHASSEE, FL 32303	☐ Change ☒ Addition	
TITLE D NAME ANWAY, PAUL STREET ADDRESS 558 E PARK AVE APT 33 CITY-ST-ZIP TALLAHASSEE, FL 32301	☐ Delete		(Empty row for additions/changes)		
TITLE D NAME STROHMAN, TRACEE STREET ADDRESS 1508 HEECHEE NENE CITY-ST-ZIP TALLAHASSEE, FL 32301	☐ Delete		TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	☒ 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: <u>Travis C Cone</u>			<u>T. Strohmman</u>		<u>4/6/05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #