2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90094 013 ****61.25

DOCUMENT # N96000005509

1. Entity Name

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

Principal Place of Business	Mailing Address
BLOUNT 310 ~~BLOUT~~ STREET STE 205 TALLAHASSEE FL 32301 US	P.O BOX 38477 TALLAHASSEE FL 32315 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
310 BLOUNT ST.	
Suite, Apt. #, etc. SUITE #205	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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
VANRIPER, JAMES 2024 TED HINES DR. TALLAHASSEE FL 32308	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 VANRIPER, ~~JIM~~ JIM 2024 TED HINES DR TALLAHASSEE FL 32308	☐ Delete	D OFFICE MANAGER MYLES ROBERTSON 2024 TED HINES DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BREWER, UNEEDA 3045 CAMELLIAWOOD CIRCLE EAST TALLAHASSEE FL 32301	☒ Delete	D BOARD MEMBER MARGEAUX MUTZ 1132 E. TENNESSEE ST. TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANWAY, PAUL 1110 LASSWADE DR. TALLAHASSEE FL 32312	☐ Delete	D JACKIE RICKER 1210 BREEKENRIDGE DR TALLAHASSEE, FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMPION, MIKE 2913 GERALD DR. TALLAHASSEE FL 32310	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SIMPKINS, KIM 3535 ROBERTS AVENUE, #205 TALLAHASSEE FL 32310	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, PHILLIP 3232 BALDWIN DRIVE WEST TALLAHASSEE FL 32309	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 4-17-07 850-445-2375