## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005509

FILED Apr 08, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
310 BLOU SUITE #20	NT STREET STE 05	205		
TALLAHAS	SSEE, FL 32301	US		
Current Mailing Address:		New Mailing Address:		
P.O BOX 3 TALLAHAS	38477 SSEE, FL 32315	US		
FEI Number:	: 59-3411233	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	l Address of Cur	rent Registered Agent:	Name and Addre	ss of New Registered Agent:
	R, JAMES HINES DR. SSEE, FL 32308	US		
The above	named entity sub	omits this statement for the p	urpose of changing its regis	stered office or registered agent, or both,
The above in the State	named entity sub e of Florida	omits this statement for the p	urpose of changing its regis	stered office or registered agent, or both,
The above	named entity sub e of Florida. RE:	omits this statement for the p		stered office or registered agent, or both,  Date
The above in the State	named entity sub e of Florida. RE:	Signature of Registered Age	ent	
The above in the State	named entity sub e of Florida. RE: Electronic	Signature of Registered Age  PRS:  elete  DR	ent	Date
The above in the State SIGNATUR  OFFICER:  Vittle:  Name:  Address:	e named entity subset of Florida.  RE: Electronic  S AND DIRECTO  CD () De VANRIPER, JIM 2024 TED HINES I	Signature of Registered Age PRS: elete DR - 32308	ADDITIONS/CHA Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN HALL O 04/08/2009