FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

Principal Place of Business

N97000006473 (9)

Malling Address

PARENTS, FAMILIES & FRIENDS OF LESBIANS AND GAYS OF PINELLAS COUNTY, INC.

6085 PARK BO		6085 PARK BOULEVARD				3. Date Incorporated or Qualified		
PINELLAS PAR	K FL 33781	PINELLAS PARK FL 33781				11/14/1997		
						4. FEI Number Applied For		
					·	59-348-228 Not Applicable		
<u> </u>	lace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional		
21		26				Fee Required		
. Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
22		27				Trust Fund Contribution		
City-& State	A	City & State				7. Is this nonprofit corporation a homeowners association?		
	-	—	ony a state			Yes No		
20								
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year intangible		
24	26	29	30			Personal Property Tax due June 30. 🔲 Yes 🔀 No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name			
BBOOK	BBOOKIN HADOLD M							
BROCKUS, HAROLD M				82	Street A	Address (P.O. Box Number is Not Acceptable)		
6085 PA	NRK-BOULEVARD							
PINELLA	IS PARK FL 33781			83				
	• • • • • • • • • • • • • • • • • • • •		-	긞				
				84	City	FL 85 Zip Code		
44 Distance		047 4500 FI-14- Dist.						
11. Pursuant t	the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered stated agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Continue Continue							
agent. I a	m familiar with, and accept the oblige	itions of, Section 617.0503, Flo	orida Stati	utes	inio ooip i.	solution a board of directors. Thereby accept the appointment as registered		
_								
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	E: Registered	Apel	nt signature i	required when relostation) DATE		
12.				V				
TITLE	OTTOERO ATO			1.5	~			
					4			
NAME			1.2 NA	ME		Esther Roth		
STREET ADDRESS			1.3 ST	REET	ADDRESS	6085 Park Boulevard		
CITY-ST-ZIP			1.4 CIT	Y-\$1	T-ZIP	Pinellas Park, FL 33781		
TITLE		DELETE	2.1 TIT			Wice President for Education Change & Addition		
			H		4			
NAME			2.2 NA	ME		Betty Moreno		
STREET ADDRESS	2.3		2.3 STF	REET	ADDRESS	6085 Park Boulevard		
CITY-ST-ZIP	2.		2.4 Čľ	ty-\$	T-ZIP	Pinellas Park, FL 33781		
TITLE		☐ DELETE	3.1 TIT	LE	Н	Luice President for Advocacy Change & Addition		
NAME			3.2 NA	ME	4	-Vice President for Advocacy □ Change		
1					ADDRESS	6085 Park Boulevard		
STREET ADDRESS			1					
CITY-ST-ZIP			3.4. Cf		T-ZIP	Pinellas Park, FL 33781		
TITLE		☐ DELETE	4.1 TIT	LE		Recording Secretary Change X Addition		
NAME			4. 2 NA	ME		Eileen O'Sulliv an		
STREET ADORESS			4 3 5 76	AFFT .	ADDRESS	6085 Park Boulevard		
CITY-ST-ZIP		T NO ETT	4.4 CIT		:-LIP	Pinellas Park, FL 33781		
TITLE		[_] DELETE	5.1 111		J	Treasurer LX Additio		
NAME			5.2 NA	ME		John Lindstrom		
STREET ADDRESS			5.3 ST	REET	ADDRESS	6085 Park Boulevard		
CITY-ST-ZIP			5.4 CIT	y_ ¢1		Pinellas Park, FL 33781		
TITLE	<u> </u>	☐ DELETE	6.1 TIT			Change Addition		
		المام المام						
NAME			6.2 NA	ME	- 1			
STREET ADDRESS			6.3 STF	REET	ADORESS			
CITY-ST-ZIP			6.4 CIT	Y-ST	r- ZIP			
	ertify that the information supplied wi	th this filing does not qualify for				d in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated	on this annual report or supplemental	annual report is true and acc	urate and	I tha	at my sigr	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an		
officer or o	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 12 or Block 13 if changed, or on an attachment with an address.							
DIOCK 12 (Ur BIOCK IS II Changed, OF OH AN ATTAC	annent with an address.				(8/3)		
010114-	7. A	WILL FIRM	الشائعان	. 1	K	oth 1/5/98 544-8558		
SIGNAT	UHE: SAKKU /Co-			2	. 10	1/ J// J/77 JAT 00000		