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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006473

1. Corporation Name

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

Principal Place of Business

6085 PARK BOULEVARD
PINELLAS PARK FL 33781

Mailing Address

6085 PARK BOULEVARD
PINELLAS PARK FL 33781



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/14/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3481228	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**BROCKUS, HAROLD M
6085 PARK BOULEVARD
PINELLAS PARK FL 33781**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to 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 office or registered 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, ESTHER	
STREET ADDRESS	6085 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, BETTY	
STREET ADDRESS	6085 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BROCKUS, HAROLD M	
STREET ADDRESS	6085 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	O'SULLIVAN, EILEEN	
STREET ADDRESS	6085 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINSTROM, JOHN	
STREET ADDRESS	6085 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATHY MILLER	
1.3 STREET ADDRESS	1055 79TH ST. S	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CURTIS HINCKLEY	
2.3 STREET ADDRESS	5951 40TH AVE. N.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JENNIFER KIRKMAN	
4.3 STREET ADDRESS	3920 52ND AVE. N.	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John S. Lindstrom* **SIGNATURE OF REGISTERED AGENT** *JOHN S. LINDSTROM* 2-3-99 (722) 360 9063

CR2E037 (1/198)