2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006473

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

Principal Place of Business	Mailing Address
1055 79TH STREET SOUTH SAINT PETERSBURG, FL 33707	1055 79TH STREET SOUTH SAINT PETERSBURG, FL 33707

02102006 No Chg-NP CRZE037 (11/05)

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4. FEI Number
59-3481228
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, KATHY
1055 79TH STREET SOUTH
SAINT PETERSBURG, FL 33707

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, KATHY
STREET ADDRESS	1055 79 ST S.
CITY-ST-ZIP	ST PETE, FL 33707
TITLE	T
NAME	LINDSTROM, JOHN
STREET ADDRESS	151 PUNTA VISTA DR
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	VPD
NAME	FINK, KATHY MS.
STREET ADDRESS	6620 15TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	CS
NAME	MILLER, TERRY
STREET ADDRESS	1055 79TH ST. S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80005-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Lindstrom JOHN LINDSTROM 2-10-06 727 360-9063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #