

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 07, 2007 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
1055 79TH STREET SOUTH
SAINT PETERSBURG, FL 33707**

**Mailing Address
1055 79TH STREET SOUTH
SAINT PETERSBURG, FL 33707**

DO NOT WRITE IN THIS SPACE



03022007 No Chg-NP

CR2E037 (4/06)

**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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, KATHY 1055 79 ST S. ST PETE, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSTROM, JOHN 151 PUNTA VISTA DR SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINIK, KATHY MS. 6620 15TH STREET NORTH SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MILLER, TERRY 1055 79TH ST. S. SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 S. Lindstrom **JOHN S. LINDSTROM T** *March 5, 07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #