

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

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90006 044 \*\*\*\*61.25

DOCUMENT #N97000006473

1. Entity Name

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

1055 79th ST. SO.

3. Mailing Address

1055 79th ST. SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

59-3481228

Applied For

Not Applicable

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name KATHY MILLER

Street Address (P.O. Box Number is Not Acceptable)

1055 79th ST. SO.

City

ST. PETERSBURG,

FL

Zip Code

33707

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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

**FEE IS \$61.25**  
**Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	KATHY MILLER
NAME		
STREET ADDRESS	1055 79th ST. SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL.	33707
TITLE	TREASURER	JOHN LINDSTROM
NAME		
STREET ADDRESS	151 PUNTA VISTA DR.	
CITY-ST-ZIP	ST. PETE BEACH	FL 33706
TITLE	VPO	JANE SCHRAY
NAME		
STREET ADDRESS	7 BAY HILL COURT	
CITY-ST-ZIP	SAFETY HARBOR	FL. 34695
TITLE	CS	TERRY MILLER
NAME		
STREET ADDRESS	1055 79th ST. SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL	33707
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: John S. Lindstrom JOHN S. LINDSTROM MAR. 24, 08 727 360 9063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #