

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-02-2003 90112 021 ****61.25

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**

55042192

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3481228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MILLER, KATHY**
STREET ADDRESS **1055 79 ST S.**
CITY-ST-ZIP **ST PETE FL 33707**

TITLE **V.P.D.** ☐ Change ☒ Addition
NAME **MS. KATHY FINK**
STREET ADDRESS **465 PINELLAS BAYWAY #201**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **T.D.** ☐ Delete
NAME **LINDSTROM, JOHN**
STREET ADDRESS **151 PUNTA VISTA DR**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **BERMAN, JANET**
STREET ADDRESS **6403 EVERGREEN AVE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **O'SULLIVAN, FRANCIS X**
STREET ADDRESS **156 21ST STREET NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. LINDSTROM

Date

Daytime Phone #

727-360 9063

3-31-03

CR2E037 (10/02)