

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005711

1. Corporation Name

THE INDEPENDENT GAY FORUM, INC.

Principal Place of Business

**1000 VENETIAN WAY #904
MIAMI FL 33139-1008**

1001

Mailing Address

**1000 VENETIAN WAY #904
MIAMI FL 33139-1008**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90071 033 ****61.25

160896-90071-33



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **33139-1001** **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **33139-1001** **30**

3. Date Incorporated or Qualified
10/06/1998

4. FEI Number

65-0875150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HERBITS, STEPHEN E
1000 VENETIAN WAY #904
MIAMI FL 33139-1008**

1001

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 **PTD** ☐ DELETE
NAME **HERBITS, STEPHEN E**
STREET ADDRESS **1000 VENETIAN WAY #904**
CITY-ST-ZIP **MIAMI FL 33139-1008**

TITLE **VD** ☐ DELETE
NAME **RAUCH, JONATHAN**
STREET ADDRESS **2829 CONNECTICUT AVENUE #308**
CITY-ST-ZIP **WASHINGTON DC 20008**

TITLE **SD** ☐ DELETE
NAME **VYDARENY, MILAN**
STREET ADDRESS **346 N. JUSTINE STREET #506**
CITY-ST-ZIP **CHICAGO IL 60607-1014**

TITLE **D** ☐ DELETE
NAME **VARNELL, PAUL MR.**
STREET ADDRESS **445 WEST BARRY AVENUE #518**
CITY-ST-ZIP **CHICAGO IL 60657-5514**

TITLE **D** ☐ DELETE
NAME **BONE, STEPHEN MR.**
STREET ADDRESS **1172 SOUTH DIXIE HIGHWAY #131**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ DELETE
NAME **JULI, HERB MR.**
STREET ADDRESS **5 ISLAND DRIVE #7H**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

STEPHEN E. HERBITS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 305-374-8841
Date Daytime Phone #

CR2E037 (1/198)