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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756983 (3)

1. Corporation Name

GALA, INCORPORATED

Principal Place of Business

P O BOX 15851
SARASOTA FL 34277
US

Mailing Address

P O BOX 15851
SARASOTA FL 34277-1851
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
03/30/1981

3a. Date of Last Report
03/30/1996

4. FEI Number

59-2426847

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROZMAN, LOU
261 ALGIERS DRIVE
VENICE FL 34293

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

Louis Rozman President

2/7/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ROZMAN, LOU
STREET ADDRESS 261 ALGIERS DRIVE
CITY-ST-ZIP VENICE FL 34293

TITLE S ☐ DELETE

NAME BARRINGTON, ROBERT
STREET ADDRESS 6981 SUPERIOR STREET CIRCLE
CITY-ST-ZIP SARASOTA FL 34243-5309

TITLE XVP D ☐ DELETE

NAME HOWARD, RICHARD
STREET ADDRESS 944 NORTH BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34232

TITLE T ☐ DELETE

NAME SEARS, PATRICK
STREET ADDRESS 5714 SOTNE POINTE DRIVE
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☒ DELETE

NAME GILLIN, WAYNE G
STREET ADDRESS 449 SOUTH SHORE DRIVE
CITY-ST-ZIP OSPREY FL 34229-9657

TITLE D ☒ DELETE

NAME KEISMAN, MICHAEL
STREET ADDRESS 3808 FISHING TRAIL
CITY-ST-ZIP SARASOTA FL 34235-4639

1.1 TITLE VP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DeClark Gene

4496 Diamond Circle East
Sarasota FL34233

2.1 TITLE D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Cicoira Gene

1724 Shoals Ct.
Venice FL 34293

3.1 TITLE D

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Carman Fred

255 N.Tamiami Tr. #83
Nokomis FL 34274

4.1 TITLE D

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Miller Charles

5733 Stone Pointe
Sarasota FL 34296

5.1 TITLE D

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Spencer Blair

1002 Jolanda Circle
Venice FL 34292

6.1 TITLE D

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Garnett James

261 Algiers Dr.
Venice FL 34293

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE

2/16/97 (611) 443-5154

CR2E037 (9/96)