

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

300001764789
-04/01/96--01058--002
***\$61.25

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
US



3. Date Incorporated or Qualified
03/30/1981

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE CLARK, EUGENE F
4496 DIAMOND CIR E
SARASOTA FL 34233

(Delete)

81 Name

Rozman, Lou

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

261 Algiers Drive

83

84 City

Venice

FL

85 Zip Code

34293

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MILLER, CHARLES**
STREET ADDRESS **5733 STONE POINTE DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☒ DELETE
NAME **FALLON, JACK**
STREET ADDRESS **366 11TH STREET**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **P** ☒ DELETE
NAME **DE CLARK, EUGENE F**
STREET ADDRESS **4496 DIAMOND CIR E**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☒ DELETE
NAME **GARNETT, JAMES**
STREET ADDRESS **261 ALGIERS DR**
CITY-ST-ZIP **VENICE FL**

TITLE **T** ☒ DELETE
NAME **BRADFERD, CARL P.**
STREET ADDRESS **5733 STONE POINTE DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **HILLEN, DEL**
STREET ADDRESS **3551 N VILLAGE CT**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Rozman, Lou**
1.3 STREET ADDRESS **261 Algiers Drive**
1.4 CITY-ST-ZIP **Venice, FL 34293**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Barrington, Robert**
2.3 STREET ADDRESS **6861 Superior Street Circle**
2.4 CITY-ST-ZIP **Sarasota, FL 34243-5309**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **Howard, Richard**
3.3 STREET ADDRESS **944 N. Beneva Road**
3.4 CITY-ST-ZIP **Sarasota, FL 34232**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **Sears, Patrick**
4.3 STREET ADDRESS **5714 Stone Pointe Drive**
4.4 CITY-ST-ZIP **Sarasota, FL 34233**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Wayne G. Gillin**
5.3 STREET ADDRESS **449 S. Shore Drive**
5.4 CITY-ST-ZIP **Osprey, FL 34229-9657**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Keisman, Michael**
6.3 STREET ADDRESS **3806 Fishing Trail**
6.4 CITY-ST-ZIP **Sarasota, FL 34235-4639**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: **Louis Rozman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

3-30-96