


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90071 018 ****61.25

DOCUMENT # N16926 1. Entity Name GALLERY PLAZA, INC.					
Principal Place of Business 3502 ACCESS RD UNIT 10 ENGLEWOOD, FL 34224 US			Mailing Address 3502 ACCESS RD UNIT 10 ENGLEWOOD, FL 34224 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent BOGER, STEVE 3502 ACCESS RD N. UNIT 10 ENGLEWOOD, FL 34224				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTELL, JAMES		NAME	D <i>Bentler Rita</i>	
STREET ADDRESS	3502 N ACCESS RD #6		STREET ADDRESS	<i>3502 N Access Rd #1</i>	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	<i>Englewood, FL 34224</i>	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICKS, CINDY		NAME		
STREET ADDRESS	3502 N ACCESS RD #7		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGER, STEVE		NAME		
STREET ADDRESS	3502 N ACCESS RD #1		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GASIOR, MARIA		NAME	<i>John Mannion</i>	
STREET ADDRESS	3502 ACCESS ROAD, NORTH		STREET ADDRESS	<i>3502 N Access Road #11</i>	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	<i>Englewood, FL 34224</i>	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTLER, RICHARD T		NAME		
STREET ADDRESS	3502 N ACCESS RD		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZUR, JEFF		NAME		
STREET ADDRESS	3502 N ACCESS RD #8		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rita Bentler</i> <i>Rita Bentler</i>			<i>1/26/06</i> <i>941-475-7006</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		