

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44397

FILED
Feb 02, 2009
Secretary of State

Entity Name: THE GALLERY ASSOCIATION, INC.

Current Principal Place of Business:

226 N. DUVAL
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

1411 MARKET ST
TALLAHASSEE, FL 32312 US

Current Mailing Address:

6264 OLD WATER OAK RD
TALLAHASSEE, FL 32312 US

New Mailing Address:

1411 MARKET ST
TALLAHASSEE, FL 32312 US

FEI Number: 59-3074422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, STEPHEN K
1493 MARKET ST
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MC LAURIN, DAVID
Address: 1475 MARKET STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: FOSTER, STEPHEN K
Address: 1493 MARKET ST
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: STRICKLAND, LORI
Address: 1413 MARKET STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MC LAURIN, DAVID
Address: 1475 MARKET STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: T (X) Change () Addition
Name: FOSTER, STEPHEN K
Address: 1493 MARKET ST
City-St-Zip: TALLAHASSEE, FL 32312

Title: P (X) Change () Addition
Name: STRICKLAND, LORI
Address: 1489 MARKET STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Change (X) Addition
Name: CASSEDY, MARSHALL
Address: P.O. BOX 12706
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Change (X) Addition
Name: VARN, SAM
Address: 2668 WHARTON CIR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN FOSTER

T

02/02/2009

Electronic Signature of Signing Officer or Director

Date