# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50138 (9)

1. Corporation Name

GAY AND LESBIAN LAWYERS ASSOCIATION (GALLA) OF S OUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHN RATLIFF<br>5935 NE 6 COURT<br>MIAMI FL 33137 | P. O. BOX 431002<br>MIAMI FL 33243<br>US |

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0362608 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

FRANKLIN, GARY
CROCKETT & FRANKLIN, P.A.
420 LINCOLN ROAD, STE. 338
MIAMI BCH. FL 33139

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~D~~ | 11 TITLE | PD | ☐ Change ☒ Addition |
| NAME | ~~FAJER, MARC A.~~ | 12 NAME | ROSEMARY B. WILDER | |
| STREET ADDRESS | ~~5801 SW 51ST STREET~~ | 13 STREET ADDRESS | 9785 PALMETTO CLUB DR | |
| CITY-ST-ZIP | ~~MIAMI FL 33155~~ | 14 CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | TD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | DAWSON, JULIA | 22 NAME | | |
| STREET ADDRESS | 1137 NE 123 ST | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI FL 33161 | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | ADAMS, WILLIAM E. J | 32 NAME | | |
| STREET ADDRESS | 5270 NE 5TH AVE. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33137 | 34 CITY-ST-ZIP | | |
| TITLE | PD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | RATLIFF, JOHN M. | 42 NAME | | |
| STREET ADDRESS | 5935 NE 6TH CT | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33137 | 44 CITY-ST-ZIP | | |
| TITLE | ~~PD~~ | 51 TITLE | D | ☒ Change ☐ Addition |
| NAME | GROSSMAN, GAIL | 52 NAME | | |
| STREET ADDRESS | 780 NW LEJEUNE RD #623 OCEAN BANK BLDG. | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33126-5538 | 54 CITY-ST-ZIP | | |
| TITLE | VD | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | SPONNOBLE, SUE | 62 NAME | | |
| STREET ADDRESS | 4000 KIAORA STREET | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33133 | 64 CITY-ST-ZIP | | |

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)(k), 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:** Rosemary Wilder 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072670