## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # N50138

(9)

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

HTUO	FLORIDA, INC.	,	-		
Principal Place	e of Business	Mailing Address		I ABBINIDE ADN DIEN DOND HALDA LENDI E	'ALL REDIT ATOM BIRTH OFFIT OFFIT BIRTH TODE
C/O JOHN RATLIFF 5935 NE 6 COURT MIAMI FL 33137		P. O. BOX 431002 Miami FL 33243 US			
7-4-4				3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 04/27/1995
21	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0362608	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country	Ζιρ <b>29</b>	Country 30	8. This corporation has liability for in	tangible tax under s. 199.032,
	9. Name and Address of Currer		30	Florida Statutes L.  10. Name and Address of New Re	
			81 Name		gistored Agent
FRANKLIN, GARY				(DO D. H	
CROCKETT & FRANKLIN, P.A.				: Address (P.O. Box Number is Not Acceptable	))
420 LINCOLN ROAD, STE. 338					
MIAMI BCH. FL 33139			<b>84</b> City		<b>85</b> Zip Code
11. Pursuant or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statutes da. Such change was authorize	s, the above named c d by the corporation's	corporation submits this statement for the purp is board of directors. I hereby accept the appoi	ose of changing its registered office
familiar wi	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	,		agon. , an
SIGNATURE	Signature, typed or printed name of registered agent	and http://www.html	C Desistant Assets		
12.	OFFICERS AN		E Registered Agent signature  13.	required when reinstatrigi  ADDITIONS/CHANGES TO OFF IC	DATE OF HIS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ASSITIONS OF ANGES TO GIVE	Change Addition
NAMÉ	WILDER, ROSEMARY B	_	1.2 NAME		
STREET ADDRESS	9785 PALMETTO CLUB DRIVE	• • •	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2 1 TITLE		Change Addition
NAME	DAWSON, JULIA		2 2 NAME		
STREET ADDRESS	1137 NE 123 ST		2 3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		2 4 CITY - ST - ZIP		
TITLE	<b>-D</b> -	DELETE	3 1 TITLE	PD	Change Addition
NAME	ADAMS, WILLIAM E. J		3 2 NAME	NUMBER ONE LAS OF	AS ALDALE HE COST
STREET ADDRESS	SETO NE STH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137	- Inchese	3.4. CITY - ST - ZIP	FI. KAUDERDALE, FL	, 332/6
TITLE	RATLIFF, JOHN M. OK	□DELETE	4.1 TITLE	D RATLIFF, JOHN	Change Addition
NAME	5935 NE 6TH CT		4. 2 NAME	- 11.11-11.19	,,,,
STREET ADDRESS	MIAMI FL 33137		4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	- <del>PD</del> -	DELETE	44 CITY - ST - ZIP 51 TITLE		Change Addition
NAME	GROSSMAN, GAIL		5.2 NAME	SD THINNACE DOD	Change Addition
STREET ADDRESS	780 NW LEJEUNE RD #623 C	CEAN RANK RIDG.	5.3 STREET ADDRESS	OFF FILE AUG	ا میدا
CITY-ST-ZIP	MIAMI FL 99126-5538		5.3 STREET RODRESS	195 EVELIA TUE	72120
TITLE	VD	DELETE	5.4 CHY-ST-ZIP 6.1 TIFLE	SD TUNNAGE, DON 955 EUCLIG AUE MIAMI BEACH, FL	Change Addition
NAME	SPONNOBLE, SUE	_	6.2 NAME		
STREET ADDRESS	4000 KIAORA STREET		6 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily furnis	hed and does not out	alify for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further
oatri; triat	the information indicated on this annu- I am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the receiver or trustee.	empowered to execut	courate and that my signature shall have the sa te this report as required by Chapter 617, Flori	ame legal effect as if made under ida Statutes; and that my name

THE AND TYPED ON PRINTED PRIME OF SOUTHOUT FICEN OR DIRECTOR

Julia DAVICE