

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

DOCUMENT # N95000001542 (8)

1. Corporation Name

GALLA LEGAL DEFENSE AND EDUCATION FUND, INC.



Principal Place of Business

Mailing Address

% JOHN RATLIFF  
5935 NE 6 COURT  
MIAMI FL

P.O. BOX 431002  
MIAMI FL 33243

3. Date Incorporated or Qualified  
04/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RATLIFF, JOHN  
5935 NE 6 COURT  
MIAMI FL

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WILDER, ROSEMARY B  
STREET ADDRESS 9785 PALMETTO CLUB DRIVE  
CITY - ST - ZIP MIAMI FL 33157

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME RATLIFF, JOHN  
STREET ADDRESS 5935 NE 6 COURT  
CITY - ST - ZIP MIAMI FL 33137

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME SPONNOBLE, SUE  
STREET ADDRESS 4000 KIAORA STREET  
CITY - ST - ZIP COCONUT GROVE FL 33133

3.1 TITLE SUSAN ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME DAWSON, JULIA  
STREET ADDRESS 1137 NE 123 STREET  
CITY - ST - ZIP N. MIAMI FL 33161

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME NOVICK, JAY H  
STREET ADDRESS 2842 DESOTO BLVD.  
CITY - ST - ZIP CORAL GABLES FL 33134

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME ADAMS, WILLIAM E JR.  
STREET ADDRESS 5270 NE 5 AVENUE  
CITY - ST - ZIP MIAMI FL 33137

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 305-895-2849  
Date Daytime Phone

CR2E037 (12/95)