

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

98 FEB -2 AM 8:45

DOCUMENT # N95000001542 (8)

1. Corporation Name

GALLA LEGAL DEFENSE AND EDUCATION FUND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. Alan 2/2/98



Principal Place of Business

Mailing Address

% JOHN RATLIFF
5935 NE 6 COURT
MIAMI FL

P.O. BOX 431002
MIAMI FL 33243

REINSTATEMENT 97-98

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 424 N.E. 51st ST.

22 City & State

27 MIAMI, FL

23 Zip Country

28 33137 USA

3. Date Incorporated or Qualified
04/03/1995

3a. Date of Last Report
05/01/1996

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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
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
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE William E. Adams Jr. WILLIAM E. ADAMS JR. (305) 751-2318

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILDER, ROSEMARY B
STREET ADDRESS 9785 PALMETTO CLUB DRIVE
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME RATLIFF, JOHN
STREET ADDRESS 5935 NE 6 COURT
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SPONNOBLE, SUSAN
STREET ADDRESS 4000 KIAORA STREET
CITY-ST-ZIP COCONUT GROVE FL

TITLE TD
NAME DAWSON, JULIA
STREET ADDRESS 1137 NE 123 STREET
CITY-ST-ZIP N. MIAMI FL

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 William E. Adams Jr. WILLIAM E. ADAMS JR. 9-12-97 (262)-6133

CR2E037 (4/97)