

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90028 001 \*\*\*\*61.25

DOCUMENT # N98000007063

1. Entity Name  
GALLERY ON THE SQUARE, INC.



Principal Place of Business

4901 E SILVER SPRINGS BLVD  
606  
OCALA, FL 34470

Mailing Address

4901 E SILVER SPRINGS BLVD  
606  
OCALA, FL 34470

94048200



02182004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3553020

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERMER, ROBERT A  
8585 SW HWY. 200, S-9  
OCALA, FL 34481

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VPD  
JORDAN, RUTH ANITA ANDERSON  
13177 SE 47TH CLASS P.O. Box 237  
BELLEVUE, FL 34480 Candler, FL 32111

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VPD  
MCGINNIS, KAREN Barbara Morrison  
4611 SE 14TH STREET 4630 SE 18th Ave  
OCALA, FL 34474 Ocala FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BATCHELDER, BARBARA  
1755 SE 155 ST  
SUMMERFIELD, FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DUINK, LAURAM Janie Klotzner  
4295 E RIVERSIDE DR 1758 SE 95th Circle  
DUNNELLON, FL 34434 Summerfield FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
YERDON, DANIEL  
2060 NW 39TH ST  
OCALA, FL 34479

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* DANIEL YERDON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04  
Date

Daytime Phone

