

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90023 043 \*\*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-3553020**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGINNIS, KAREN  
4611 SE 14TH ST  
OCALA, FL 34471**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**Filing Fee Is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VPD  
ANDERSON, ANITA  
PO BOX 237  
CANDLER, FL 32111** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VPD  
SEILER, MADREA  
11150 NW 104 PL  
REDDICK, FL 32686** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VPD  
Franc Flynn  
3450 NE 95th  
Ocala FL 32617** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Anthony** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MCGINNIS, KAREN  
4611 SE 14TH ST  
OCALA, FL 34471** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
YERDON, DANIEL  
2060 NE 39TH ST.  
OCALA, FL 34479** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Angie Chase  
3365 NE 43rd Pl  
Ocala, FL 34479** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Barbara Batchelder* **Barbara Batchelder** 7-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #