

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90093 028 ****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

40014001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01232007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VPD
FLYNN, FRANS
11150 NW 104 PL
REDDICK, FL 32686 ☐ Delete

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

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
P
CHASE, ANGEL
3365 NE 43RD PL
OCALA, FL 34479 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VPD Mary Trowbridge
12962 SE 91st St
Summerfield, FL 34491 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara Batchelder
1755 SE 155th St
Summerfield, FL 34491 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RYAN, LYNDIA
19683 SW 93rd Lane
Dunnellon, FL 34432-4107 ☒ Change ☐ Addition

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: Lynda Ryan Lyndia Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 (352) 489-0959

Date

Daytime Phone #