

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007063

FILED
Jan 18, 2009
Secretary of State

Entity Name: GALLERY ON THE SQUARE, INC.

Current Principal Place of Business:

4901 E SILVER SPRINGS BLVD
606
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

4901 E SILVER SPRINGS BLVD
606
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3553020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VPD () Delete
Name: TROWBRIDGE, MARY
Address: 12962 ST. 91ST ST.
City-St-Zip: SUMMERFIELD, FL 34491

Title: 2VPD () Delete
Name: FLYNN, FRANS
Address: 11150 NW 104 PL
City-St-Zip: REDDICK, FL 32686

Title: T () Delete
Name: BATCHELDER, BARBARA
Address: 1755 SE 155ST ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: P () Delete
Name: RYAN, LYNDIA
Address: 19683 SW 93RD LANE
City-St-Zip: DUNNELLON, FL 34432

Title: S () Delete
Name: ROSEN DE, KRISTI
Address: 8015 N WELLINGTON TERRACE
City-St-Zip: CITRUS SPRINGS, FL 34433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROSENDE, KRISTI
Address: 8015 N WELLINGTON TERRACE
City-St-Zip: CITRUS SPRINGS, FL 34433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA RYAN

P

01/18/2009

Electronic Signature of Signing Officer or Director

Date