

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727454

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** UNIVERSITY CITY LIONS CLUB, INC.

**Current Principal Place of Business:**

3315 N MAIN STREET TERRACE  
BOX 459  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

UNIVERSITY CITY LIONS CLUB  
BOX 459  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-1773701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDY, M.L.  
3744 NW 7TH PLACE  
GAINESVILLE, FL 32607 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: VPD ( ) Delete  
Name: KEIRNAN, ROBIN  
Address: 5414B NW 20 CT  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: SHULER, SHIRLEY  
Address: 29 SE 48TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: VDPR ( ) Delete  
Name: JOHNSON, CATHERYN  
Address: 4413 NW 36 TERR  
City-St-Zip: GAINESVILLE, FL 32605

Title: T ( ) Delete  
Name: KEIRMAN, MILDRED  
Address: 13924 NE CTY RD 1471  
City-St-Zip: WALDO, FL 32694

Title: D ( ) Delete  
Name: WATSON, ROSEMARIE  
Address: 3927 NW 31ST TERRACE  
City-St-Zip: GAINESVILLE, FL

Title: S ( ) Delete  
Name: CARROLL, BARBARA  
Address: P O BOX 1280  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: STRUNK, JODY  
Address: 114 TREE FARM ROAD  
City-St-Zip: HAWTHORNE, FL 32640

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

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: MILDRED KEIRNAN

TREA

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date