

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727454

FILED  
Jan 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

3315 N MAIN STREET TERRACE  
BOX 459  
GAINESVILLE, FL 32602

**New Principal Place of Business:**

**Current Mailing Address:**

3315 N MAIN STREET TERRACE  
BOX 459  
GAINESVILLE, FL 32602

**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: PRES  
Name: JOHNSON, KEVIN  
Address: 4413 NW 36 TERR  
City-St-Zip: GAINESVILLE, FL 32605

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

Title: VDPR  
Name: THOMAS, EDDIE  
Address: 623 NW 2ND ST  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: D  
Name: WATSON, ROSEMARIE  
Address: 3927 NW 31ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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

I hereby 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 all other like empowered.

SIGNATURE: MILDRED KEIRMAN

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01/06/2011

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

\_\_\_\_\_  
Date