

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 008 ****61.25

DOCUMENT # N12094

1. Entity Name

ALACHUA COUNTY SINGLES CLUB, INC.



Principal Place of Business

UNIVERSITY CITY LIONS CLUB
3518 N MAIN TERRACE
GAINESVILLE FL 32605

Mailing Address

PO BOX 5172
GAINESVILLE FL 32627

54017293



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 357421

City & State

City & State
GAINESVILLE FL

4. FEI Number

11-2892013

Applied For

Not Applicable

Zip

Country

Zip

32635

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JEFFERSON
27331 NW CR 239
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name DON DUCOTE
Street Address (P.O. Box Number is Not Acceptable)
7714 NW 50 ST.
City GAINESVILLE FL Zip Code 32653

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

Donald L. Ducote, Treasurer

March 9, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	P	DAVIS, JEFFERSON	<input type="checkbox"/> Delete
NAME		27331 NW CR 239	
STREET ADDRESS		ALACHUA FL 32615	
CITY-ST-ZIP			
TITLE	D	SEWALL, JACK	<input type="checkbox"/> Delete
NAME		3723 NW 55TH PLACE	
STREET ADDRESS		GAINESVILLE FL 32653	
CITY-ST-ZIP			
TITLE	T	WILLIS, JANE	<input type="checkbox"/> Delete
NAME		10013 N SR 121	
STREET ADDRESS		GAINESVILLE FL 32653	
CITY-ST-ZIP			
TITLE	1VP	DOYCE, PHILLIPS 8 06 N W	<input checked="" type="checkbox"/> Delete
NAME		125 DR	
STREET ADDRESS		NEWBERRY FL 32669	
CITY-ST-ZIP			
TITLE	ZVP	BROWN, ROSEMARIE	<input checked="" type="checkbox"/> Delete
NAME		26406 N W CR 229	
STREET ADDRESS		ALACHUA FL 32615	
CITY-ST-ZIP			
TITLE	S	MARINO, RITA	<input type="checkbox"/> Delete
NAME		4723 SW 69 TER	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	LAWSON, CYNTHIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12011 NW 25 DR	
STREET ADDRESS		GAINESVILLE, FL 32609	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	DUCOTE, DON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7714 NW 50 ST.	
STREET ADDRESS		GAINESVILLE FL 32653	
CITY-ST-ZIP			
TITLE	D	DAVIS, JEFFERSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27331 NW CR 239	
STREET ADDRESS		ALACHUA, FL 32615	
CITY-ST-ZIP			
TITLE	ZVP	PRUCNEL, DOROTHY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6295 MAGNOLIA ST.	
STREET ADDRESS		KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Donald L. Ducote, Treasurer March 9, 2004 352 378 2854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #