


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90227 011 ****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 P.O. BOX 357421 GAINESVILLE, FL 32635 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CHAPMAN, CECELIA 1809 SW 64TH WAY GAINESVILLE, FL 32607 | | | | Name AUDREY CHAIKER Street Address (P.O. Box Number is Not Acceptable) 1719 N.W. 23rd Ave (2B) City GAINESVILLE FL Zip Code 32605 | |
| 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 <i>Audrey Chaiker</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, CECELIA K | | NAME | AUDREY CHAIKER (2B) | |
| STREET ADDRESS | 1809 SW 69TH WAY | | STREET ADDRESS | 1719 N.W. 23rd Ave - | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 | | CITY-ST-ZIP | GAINESVILLE, FL 32605 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | VP. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOCK, KATHY | | NAME | JEFF DAVIS | |
| STREET ADDRESS | 3723 NW 55TH PLACE | | STREET ADDRESS | 27331 N.W. 23rd | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | | CITY-ST-ZIP | ALACHUA, FL 32615 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | F. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, CECELIA K | | NAME | LLEO ABBOTT | |
| STREET ADDRESS | 1809 SW 64TH WAY | | STREET ADDRESS | 1105 FT CLARK Blvd #516 | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 | | CITY-ST-ZIP | GAINESVILLE, FL 32605 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | A.T. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYER, RAY | | NAME | BRENDA HANNAH | |
| STREET ADDRESS | 4723 SW 69 TER | | STREET ADDRESS | 4600 N.E. 69th Ave | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | GAINESVILLE, FL 32609 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Audrey Chaiker</i> (Signature and typed or printed name of signing officer or director) | | | | | |
| Date <i>4/21/06</i> Daytime Phone # <i>352-535-1304</i> | | | | | |