


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 014 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4004300-



02082008 Chg-NP CR2E037 (12/06)

4. FEI Number 11-2892013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHALKER, AUDREY 1719 NW 23RD AVE 2B GAINESVILLE, FL 32605	

7. Name and Address of New Registered Agent	
Name	S A M E
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <u>Audrey J. Chalker</u>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P CHALKER, AUDREY 1719 NW 23RD AVE., 2B GAINESVILLE, FL 32605	
V PHILLIPS, BETTY 225 7TH WAY INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete
2V DAVIS, CLEFF 27331 N.W. 239 ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete
T ABBOTT, CLEO 4229 N.W. 43 ST GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
X	<input type="checkbox"/> Delete
X	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P S A M E	
Y CLEO ABBOTT 4229 N.W. 43 ST GAINESVILLE, FLA 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2V BOB WYCOFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ANDREA JONES P.O. BOX 373 ALACHUA-FLA-32616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY CLEAN SWILLEY 5610 N.W. 30TH AVE GAINESVILLE-FLA-32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
X	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>AUDREY J. CHALKER</u>	3/3/08	(852) 335-130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Audrey J. Chalker

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