

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12094

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: ALACHUA COUNTY SINGLES CLUB, INC.

## Current Principal Place of Business:

UNIVERSITY CITY LIONS CLUB  
3518 N MAIN TERRACE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 357421  
GAINESVILLE, FL 32635

## New Mailing Address:

FEI Number: 11-2892013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHALKEF, AUDREY  
1719 NW 23RD AVE  
2B  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

CHALKER, AUDREY  
1719 NW 23RD AVE  
2B  
GAINESVILLE, FL 32605 US

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: AUDREY CHALKER

01/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHALKER, AUDREY  
Address: 1719 NW 23RD AVE., 2B  
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete  
Name: ABBOTT, CLEO  
Address: 4229 NW 43 ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: 2V ( ) Delete  
Name: WYCOFF, BOB  
Address: 27331 N.W 239  
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete  
Name: JONES, ANDREA  
Address: POB 373  
City-St-Zip: ALACHUA, FL 32616

Title: S ( ) Delete  
Name: SWILLEY, JEAN  
Address: 5610 NW 30 TERR  
City-St-Zip: GAINESVILLE, FL 32653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOUGLASS, MARIE  
Address: 812 CYPRESS ST  
City-St-Zip: STARKE, FL 32091

Title: V (X) Change ( ) Addition  
Name: WYCROFF, ROBERT  
Address: 2006 N W 55 AVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: 2V (X) Change ( ) Addition  
Name: CHALKER, AUDREY  
Address: 1719 N W 23 AVE 2B  
City-St-Zip: GAINESVILLE, FL 32605

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: AUDREY CHALKER

2V

01/23/2009

Electronic Signature of Signing Officer or Director

Date