

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17845

FILED
Apr 13, 2006
Secretary of State

Entity Name: ALACHUA LIONS CLUB, INC.

Current Principal Place of Business:

15115 NW 143RD TERR
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1386
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-6151289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RODNEY W.
10213 NW 202ND ST
ALACHUA, FL 32615 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: P () Delete
Name: BOUKARI, BEN
Address: 12306 NW 147TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: WOOLSEY, WARREN O
Address: 14213 NW 59TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VP () Delete
Name: COILE, ROBERT
Address: 22804 PEGGY RD
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: PETTY, JAMES L
Address: 6216 NW 41ST DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: GREEN, AUSTIN
Address: 12614 NW 69TH TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: CARTER, GENE E
Address: 22310 NW 190TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KIRK, CRAIG
Address: 12503 NW 157 ST
City-St-Zip: ALACHUA, FL 32615 US

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 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: CRAIG KIRK

T

04/13/2006

Electronic Signature of Signing Officer or Director

Date