

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17845

FILED
Mar 29, 2009
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: OLLIFF, DONATHON C
Address: 320 NE 6TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: S () Delete
Name: MEDER, MARTIN
Address: 1515 NW 29TH ROAD, APT 3
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP () Delete
Name: COERPER, GILBERT
Address: 14914 NW 144TH STREET
City-St-Zip: ALACHUA, FL 32615 US

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

Title: D () Delete
Name: EMERSON, JIM
Address: 17564 NW 138TH AVENUE
City-St-Zip: ALACHUA, FL 32615 US

Title: D () Delete
Name: KASWINKEL, KARL
Address: 16021 NW 74TH AVENUE
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HIRSCH, CRIS
Address: 6109 NW 112TH PLACE
City-St-Zip: ALACHUA, FL 32615 US

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: VP (X) Change () Addition
Name: EMERSON, JIM
Address: 17564 NW 138TH AVENUE
City-St-Zip: ALACHUA, FL 32615 US

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: MARTIN MEDER

S

03/29/2009

Electronic Signature of Signing Officer or Director

Date