2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90032 006 ****61.25

DOCUMENT # N21176

1. Entity Name
GAINESVILLE LIONS CLUB, INC.

Principal Place of Business	Mailing Address
2071 N.W. 21 LANE GAINESVILLE, FL 32605 US	PO BOX 577 GAINESVILLE, FL 32602

01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6153304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FALMLEN, REBECCA 3432 NW 12TH STREET GAINESVILLE, FL 32609	Name 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 Rebecca M Falmlen Rebecca M. Falmlen Treasurer 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCGOWAN, LENORA 5418 NW 20TH APT. B GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLTON, ROBERT ~~204 SPORTSMAN HARBOR DR~~ WELDKA, FL 32193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 PO Box 1344	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~DIFRANCO, LINDA S~~ ~~1924 NW 6TH STREET~~ ~~GAINSVILLE, FL 32609~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marjorie Holton P.O. Box 1344 Welaka, FL 32193	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, WALTER JR 328 SW 110TH TERR GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALTER, CARL C ~~10947 NW 33RD~~ PL ~~GAINSVILLE~~, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 8113 N.W. 25th Lane Gainesville, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FALMLEN, REBECCA M 3432 NW 12TH STREET GAINESVILLE, FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rebecca M Falmlen 1/26/04 (352) 264-6735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #