

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 041 ****61.25

DOCUMENT # N21176 1. Entity Name GAINESVILLE LIONS CLUB, INC.					
Principal Place of Business 2071 N.W. 21 LANE GAINESVILLE, FL 32605 US			Mailing Address PO BOX 577 GAINESVILLE, FL 32602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALMLEN, REBECCA 3432 NW 12TH STREET GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name <u>Gene Dixon</u> Street Address (P.O. Box Number is Not Acceptable) <u>9329 NW 14th PL</u> City <u>Gainesville</u> FL Zip Code <u>32606</u>	
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>Rebecca M. Falmlen</u> DATE <u>7/25/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		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	P Holton, Robert PO Box 1344 WELAKA, FL 32193	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLTON, ROBERT PO BOX 1344 WELDKA, FL 32193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McGowan, Lenora 5418 NW 20th Apt. B Gainesville, FL 32653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLTON, MARJORIE PO BOX 1344 WELAKA, FL 32193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Holton, Marjorie PO 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	D Walter, Carl C 8113 NW 25th Lane Gainesville, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTER, CARL C 8113 N.W. 25TH LANE GAINESVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gene Dixon, Gene 9329 NW 14th PL Gainesville FL 32606	☒ 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: <u>Rebecca M. Falmlen</u> <u>Rebecca M. Falmlen</u> <u>7/25/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					