

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N21176 1. Entity Name GAINESVILLE LIONS CLUB, INC.	
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Principal Place of Business 2071 N.W. 21 LANE GAINESVILLE FL 32605 US	Mailing Address PO BOX 577 GAINESVILLE FL 32602
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/05)
4. FEI Number 59-6153304	Applied For Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIXEN, GENE 9329 NW 14TH PL GAINESVILLE FL 32606

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

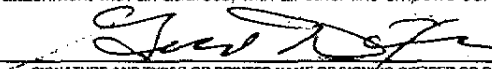
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete P HOLTON, ROBERT P.O. BOX 1344 WELAKA FL 32193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VP MCGOWAN, LENORA 5418 NW 20TH, APT B GAINESVILLE FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete S HOLTON, MARJORIE P.O. BOX 1344 WELAKA FL 32193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete D WALTER, CARL C 8113 NW 25TH LANE GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete T DIXON, GENE 9329 NW 14TH PL GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete T FALMLIN, REBECCA M 3432 NW 12TH STREET GAINESVILLE FL 32609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add U000000521199 05/02/06-80123-024 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  4-18-06 752-332-2966