

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000002668 1. Entity Name UNIVERSITY CITY LODGE #1218 OF THE IMPROVED BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE WORLD					
Principal Place of Business 511 SW 4TH AVE GAINESVILLE, FL 32601			Mailing Address P.O. BOX 2416 GAINESVILLE, FL 32601		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0149098	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARPER, TITUS 2727 NW 54TH AVE GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <i>Titus Harper</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				1/23/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$297.50				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	PD EVERETT, EZEKIEL 2305 NE 64TH TERRACE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARPER, TITUS 2727 NW 54TH AVE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COWARD, THOMAS 1024 SE 12TH AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$31/24</i>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$31/24</i>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$31/24</i>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Titus Harper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/4/07 <small>DATE</small>	

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STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07
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