

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED****Oct 23, 2009  
Secretary of State****DOCUMENT# N93000002668****Entity Name: UNIVERSITY CITY LODGE #1218 OF THE IMPROVED BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE WORLD, INCORPORATED****Current Principal Place of Business:**511 SW 4TH AVE  
GAINESVILLE, FL 32601**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2416  
GAINESVILLE, FL 32601**New Mailing Address:**

FEI Number: 59-0149098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HARPER, TITUS  
2727 NW 54TH AVE  
GAINESVILLE, FL 32653 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: PD ( ) Delete  
Name: EVERETT, EZEKIEL  
Address: 2305 NE 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: SD ( ) Delete  
Name: HARPER, TITUS  
Address: 2727 NW 54TH AVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: TD ( ) Delete  
Name: COWARD, THOMAS  
Address: 1024 SE 12TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAYWOOD, SAMUEL D  
Address: 1251 NW 11TH AVE  
City-St-Zip: GAINESVILLE, FL 32641

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAMUEL D. HAYWOOD

PD

10/23/2009

Electronic Signature of Signing Officer or Director

Date