

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