

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008367

**Entity Name:** UNIVERSITY CITY LIONS FOUNDATION, INC.

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**2659839523CC**

**Current Principal Place of Business:**

C/O SHIRLEY H. SHULER  
29 SE 48TH STREET  
GAINESVILLE, FL 32641

**Current Mailing Address:**

C/O SHIRLEY H. SHULER  
29 SE 48TH STREET  
GAINESVILLE, FL 32641

**FEI Number: 45-5388218**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SHULER, SHIRLEY H  
29 SE 48TH STREET  
GAINESVILLE, FL 32641 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHULER, SHIRLEY  
Address        C/O SHIRLEY H. SHULER  
                  29 SE 48TH STREET  
City-State-Zip: GAINESVILLE FL 32641

Title            EXECUTIVE SECRETARY  
Name            SHULER, SHIRLEY H.  
Address        C/O SHIRLEY H. SHULER  
                  29 SE 48TH STREET  
City-State-Zip: GAINESVILLE FL 32641

Title            TREASURER  
Name            SHULER, SHIRLEY H  
Address        29 SE 48TH STREET  
City-State-Zip: GAINESVILLE FL 32641

Title            DIRECTOR  
Name            SHULER, RICHARD  
Address        10123 SE 36TH TRAIL  
City-State-Zip: LAKE BUTLER FL 32054

Title            DIRECTOR  
Name            SMITH, ELIZABETH  
Address        9466 SW COUNYT ROAD 239A  
City-State-Zip: LAKE BUTLER FL 32054

Title            DIRECTOR  
Name            SHULER, RUTH ELIZABETH  
Address        1414 SCENIC RIDGE DRIVE  
City-State-Zip: HOUSTON TX 77043

*I hereby 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 all other like empowered.*

**SIGNATURE: SHIRLEY H. SHULER**

**PRESIDENT**

**02/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date