

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008367

**Entity Name:** UNIVERSITY CITY LIONS FOUNDATION, INC.**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:** No**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	8177 SE 169TH LANE
City-State-Zip:	LAKE BUTLER FL 32054

*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 SHULER**SECRETARY****03/24/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date