

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 715072

1. Entity Name
**NORTHWEST FLORIDA VETERINARY MEDICAL
SOCIETY, INC.**



Principal Place of Business
**ANIMAL MEDICAL CENTER
3205 GULFBREEZE PKWY
GULF BREEZE, FL 32563 US**

Mailing Address
**ANIMAL MEDICAL CENTER
3205 GULFBREEZE PKWY
GULF BREEZE, FL 32563 US**



01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RHODUS, LORRIE DVM
4366 MARILYN COURT
GULF BREEZE, FL 32563**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Lorrie Rhodus, DVM

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000677155
03/30/07-80093-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BORDELON, DAVID DVM
3998 N. PALAFOX ST
PENSACOLA, FL 32505**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
RHODUS, LORRIE
4366 MARILYN CT
GULF BREEZE, FL 32563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Lorrie Rhodus
Lorrie Rhodus

Date

3/12/07 8509349530

Daytime Phone #