


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90026 005 ****70.00

DOCUMENT # N99000006137							
1. Entity Name FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.							
Principal Place of Business 2015 S.W. 16TH AVE. GAINESVILLE, FL 32610			Mailing Address P.O. 100125 GAINESVILLE, FL 32610-0125				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3609357			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75-Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BERNARD, PAMELA J 123 TIGERT HALL P.O. BOX 113125 GAINESVILLE, FL 32611-3125			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIPIETRO, JOSEPH A		NAME	ELLISON, GARY W.			
STREET ADDRESS	2015 SW 16TH AVENUE		STREET ADDRESS	2015 SW 16TH AVENUE			
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP	GAINESVILLE, FL 32610			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRETT, DOUGLAS L		NAME				
STREET ADDRESS	1600 SW ARCHER RD.		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP				
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AASEN, ROBERT B		NAME				
STREET ADDRESS	2015 S.W. 16TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP				
TITLE	EXVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRONWELL, RONALD R		NAME				
STREET ADDRESS	2015 S.W. 16TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEMAN, ARTHUR R		NAME				
STREET ADDRESS	2015 SW 16TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POPPELL, JOHN E		NAME				
STREET ADDRESS	204 TIGERT HALL		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 326113100		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: TSD ROBERT B. AASEN <i>Robert B Aasen</i>		Date: 1/7/04		Daytime Phone #: (352)392-4700XT3154			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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