

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006137

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.

## Current Principal Place of Business:

UNIVERSITY OF FLORIDA COLLEGE OF VETERIANR  
Y MEDICINE 2015 W 16 AVE  
GAINESVILLE, FL 32610

## New Principal Place of Business:

UNIV OF FL COLLEGE OF VETERINARY MED  
2015 SW 16 AVE  
GAINESVILLE, FL 32610

## Current Mailing Address:

P.O. 100125  
GAINESVILLE, FL 326100125

## New Mailing Address:

FEI Number: 59-3609357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAVEN, JOHN III  
123 TIGERT HALL  
P.O. BOX 113125  
GAINESVILLE, FL 326113125 US

## Name and Address of New Registered Agent:

HAVEN, JOHN III  
123 TIGERT HALL  
GAINESVILLE, FL 32611      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

06/26/2009

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: HOFFSIS, GLEN F  
Address: 2015 SW 16TH AVE  
City-St-Zip: GAINESVILLE, FL 32610

Title: D      ( ) Delete  
Name: BARRETT, DOUGLAS L  
Address: 1600 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32610

Title: D      ( ) Delete  
Name: HAVEN, JOHN  
Address: 2015 SW 16TH AVE  
City-St-Zip: GAINESVILLE, FL 32610

Title: EXVD      ( ) Delete  
Name: THOMPSON, JAMES  
Address: 2015 S.W. 16TH AVE.  
City-St-Zip: GAINESVILLE, FL 32610

Title: D      ( ) Delete  
Name: OWEN, RAE  
Address: 2015 SW 16TH AVE.  
City-St-Zip: GAINESVILLE, FL 32610

Title: D      ( ) Delete  
Name: POPPELL, JOHN E  
Address: 204 TIGERT HALL  
City-St-Zip: GAINESVILLE, FL 326113100

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ARMISTEAD, RUSS  
Address: 1600 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32610

Title: TSD      (X) Change ( ) Addition  
Name: HAVEN, JOHN  
Address: 2015 SW 16TH AVE  
City-St-Zip: GAINESVILLE, FL 32610

Title: EXVD      (X) Change ( ) Addition  
Name: HARVEY, JOHN  
Address: 2015 S.W. 16TH AVE.  
City-St-Zip: GAINESVILLE, FL 32610

Title: D      (X) Change ( ) Addition  
Name: HILL, RICHARD  
Address: 2015 SW 16TH AVE.  
City-St-Zip: GAINESVILLE, FL 32610

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: JOHN HAVEN

Electronic Signature of Signing Officer or Director

TSD

06/26/2009

Date