

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006137

FILED
Jan 21, 2011
Secretary of State

Entity Name: FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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)

Name and Address of Current Registered Agent:

HAVEN, JOHN III
2015 SW 16 AVE
GAINESVILLE, FL 32610 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: STONE, AMY
Address: 2015 SW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32610

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

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: JOHN HAVEN

TSD

01/21/2011

Electronic Signature of Signing Officer or Director

Date