2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006137

Entity Name: FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION,

INC.

FILED Feb 11, 2015 Secretary of State CC0448141816

Current 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 32610-0125

FEI Number: 59-3609357 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HAVEN, JOHN III 2015 SW 16 AVE

GAINESVILLE, FL 32610 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 | PD | Title | D |
|-------|----|-------|---|
| | | | |

NameLLOYD, JAMESNameBARTON, LAURAAddress2015 SW 16TH AVEAddress1600 SW ARCHER RD.City-State-Zip:GAINESVILLE FL 32610City-State-Zip:GAINESVILLE FL 32610

Title TD Title EXVD

NameHAVEN, JOHNNameVICKROY, THOMASAddress2015 SW 16TH AVEAddress2015 S.W. 16TH AVE.City-State-Zip:GAINESVILLE FL 32610City-State-Zip:GAINESVILLE FL 32610

Title SD Title D

NameZIMMEL, DANANameREYNOLDS, CURTISAddress2015 SW 16TH AVE.Address204 TIGERT HALL

City-State-Zip: GAINESVILLE FL 32610 City-State-Zip: GAINESVILLE FL 32611-3100

Title DIRECTOR Title DIRECTOR

NameCASE, BRADNameMALLICOTE, MARTHAAddress2015 SW 16TH AVEAddress2015 SW 16TH AVECity-State-Zip:GAINESVILLE FL 32610City-State-Zip:GAINESVILLE FL 32610

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 TREASURER 02/11/2015