

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004368

Entity Name: AMERICAN BOARD OF VETERINARY PRACTITIONERS
FOUNDATION INCORPORATED**Current Principal Place of Business:**5003 SW 41ST BLVD
GAINESVILLE, FL 32608-4930**Current Mailing Address:**5003 SW 41ST BLVD
GAINESVILLE, FL 32608-4930 US**FEI Number: 46-1411468****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GEERING, ALAN
5003 SW 41ST BLVD
GAINESVILLE, FL 32608-4930 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	C
Name	KOBER, JIM
Address	60 VETERANS DRIVE, SUITE 7
City-State-Zip:	HOLLAND MI 49423

Title	T
Name	WEARINGG, RICHARD
Address	3207 COOKERVILLE HIGHWAY
City-State-Zip:	LIVINGSTON TN 38570

Title	D
Name	ADAMS, DEBORAH
Address	28892 CROWN VALLEY PARKWAY
City-State-Zip:	LAGUNA NIGUEL CA 91505

Title	D
Name	ABERMAN, VANESSA
Address	2723 WEST OLIVE
City-State-Zip:	BURBANK CA 91505

Title	ED
Name	HACKEMANN, MARISA
Address	5003 SW 41 BLVD
City-State-Zip:	GAINESVILLE FL 32608

Title	S
Name	JAROB, LORRAINE
Address	604 LANG RD
City-State-Zip:	FORT WALTON BEACH FL 32547

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: MARISA HACKEMANN**EXECUTIVE DIRECTOR****03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date