



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90028 014 \*\*\*\*61.25

<b>DOCUMENT # 710108</b> 1. Entity Name <b>PINELLAS COUNTY VETERINARY MEDICAL SOCIETY, INC.</b>					
Principal Place of Business <b>10900 SEMINOLE BLVD. LARGO, FL 33778</b>			Mailing Address <b>1969 SUNSET POINT RD. SUITE 8 CLEARWATER, FL 33765</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GODFREY, ERNEST</b> <b>7791 52ND STREET N</b> <b>PINELLAS PARK, FL 33781</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCLEMORE, DR. JOHN</b>		NAME	<b>Morgan, Don Dr</b>	
STREET ADDRESS	<b>8100 4TH ST. N.</b>		STREET ADDRESS	<b>320 Indian Rocks Rd</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>		CITY-ST-ZIP	<b>Bellevue Bnfts FL 33770</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GODFREY, ERNEST DR</b>		NAME		
STREET ADDRESS	<b>7741 52ND ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DANIELS, DAWN</b>		NAME		
STREET ADDRESS	<b>12120 SEMINOLE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LARGO, FL 33718</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAUER, KRISTEN DR</b>		NAME		
STREET ADDRESS	<b>204 37TH AVE N #231</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33704</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCRIBANO, DR. MARK</b>		NAME		
STREET ADDRESS	<b>1401 4TH ST. N.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33704</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>Ernest Godfrey</b> <b>2-2-08</b> <b>787 586 0005</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					