


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90048 049 ****61.25

| | | | |
|---|---|--|--|
| DOCUMENT # 712752 1. Entity Name SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION, INC. | |  | |
| Principal Place of Business 4411 BEE RIDGE RD #256 SARASOTA FL 34233 US | | Mailing Address 4411 BEE RIDGE RD #256 SARASOTA FL 34233 US | |
| 2. Principal Place of Business Edward and Jeanette Cole 5637 Beneva Woods Circle Sarasota, FL 34233 | | 3. Mailing Address Edward and Jeanette Cole 5637 Beneva Woods Circle Sarasota, FL 34233 | |
| Country _____ | | Country _____ | |
| 6. Name and Address of Current Registered Agent SMITH, THOM A 4535 BEE RIDGE RD SARASOTA FL 34233 | | 7. Name and Address of New Registered Agent Name Jeanette Cole Street Address (P.O. Box Number is Not Acceptable) 5637 Beneva Woods Circle City Sarasota FL Zip Code 34233 | |
| 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 Jeanette Cole Thom Smith DATE 3/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | VPD PUTNAM, LAURIE D 218 LAUREL HOLLOW DR NOKOMIS FL 34275 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition NO longer an officer |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | TSD SMITH, THOM 4535 BEE RIDGE RD SARASOTA FL 34232 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | MALD COLE, JEANETTE 2031 BISPHAM RD SARASOTA FL 34231 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary/Treasurer |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | STD HAMERSMA, HEATHER 7616 2ND AVE W BRADENTON FL 34209 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Egan, Heather President |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | | |
| SIGNATURE: Jeanette Cole | | 3/25/04 927-8604 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |