

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712752

FILED  
Sep 01, 2007  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

JEANETTE COLE  
2031 BISPHAM ROAD  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

JEANETTE COLE  
5837 BENEVA WOODS CIRCLE  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 59-2316368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLE, JEANETTE  
4637 BENEVA WOODS CIRCLE  
SARASOTA, FL 34233 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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SMITH, THOM  
Address: 5728 CLARK RD.  
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete  
Name: COLE, JEANETTE  
Address: 2031 BISPHAM RD  
City-St-Zip: SARASOTA, FL 34231

Title: ST ( ) Delete  
Name: ANDRE, EVELYN  
Address: 6505 TAEDA DRIVE  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ANDRE, EVELYN  
Address: 6505 TAEDA DR  
City-St-Zip: SARASOTA, FL 34241

Title: VP (X) Change ( ) Addition  
Name: SMITH, DAVID  
Address: 4019 CATTLEMAN ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: ST (X) Change ( ) Addition  
Name: HARMAN, CINDY  
Address: 4920 HIGEL AVE.  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVELYN ANDRE

PRES

09/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date