


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 723129	
1. Entity Name RIDGE VETERINARY MEDICAL SOCIETY, INC	

Principal Place of Business 3691 LAKE ALFRED RD WINTER HAVEN, FL 33881	Mailing Address 3691 LAKE ALFRED RD WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1692457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAYBURN, JERRY
3691 LAKE ALFRED RD.
WINTER HAVEN, FL 33881**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDNER, GEOFFREY 2164 E. HIGHWAY 540A LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESNELL, MARC A 3107 US 92 EAST LAKELAND, FL 338019234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAYBURN, JERRY 3691 LAKE ALFRED RD. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/08-80023-003 61.25

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.

SIGNATURE: *Jerry Rayburn* **1-8-08** **(863) 293-1428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #