


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90232 047 ****61.25

DOCUMENT # 733553 1. Entity Name FLORIDA VETERINARY TECHNICIAN ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 21108 ST. PETERSBURG, FL 33742			Mailing Address P.O. BOX 21108 ST. PETERSBURG, FL 33742		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1661984	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATRICK, MIKE 1024 W. BERRY AVE TAMPA, FL 33603				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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: _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POIRIER, ANNETTE CVT		NAME	Chaelene Pla. CVT	
STREET ADDRESS	1802 42ND ST. NORTH		STREET ADDRESS	6845 N. Dale Mabry Hwy	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLTINEZ, MICHELLE CVT		NAME	Tosha Zimmerman, CVT	
STREET ADDRESS	133-1101 W. SUNNY LANE		STREET ADDRESS	425 3rd Street N #7	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	St Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, MIKE CVT		NAME	Shannon Corman, CVT	
STREET ADDRESS	1024 W. BERRY AVE		STREET ADDRESS	6533 30th Way N	
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	SIZEMORE, JENNIFER CVT		NAME		
STREET ADDRESS	5061 PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LEVI, SANDI CVT		NAME		
STREET ADDRESS	1444 SATSUMA STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE			TITLE		
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.					
SIGNATURE: <u>M. Ke. Tard. CVT</u>			Date: <u>1/28/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>813 727-5212</u>		