

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733553

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLORIDA VETERINARY TECHNICIAN ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 21108
ST. PETERSBURG, FL 33742

New Principal Place of Business:

1802 42ND STREET NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

P.O. BOX 21108
ST. PETERSBURG, FL 33742

New Mailing Address:

FEI Number: 59-1661984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PATRICK, MIKE
1024 W. BERRY AVE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

POIRIER, ANNETTE M CVT
1802 42ND STREET NORTH
ST. PETERSBURG, FL 33713 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: ANNETTE M. POIRIER

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLA CUT, CHARLENE
Address: 6845 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: ZIMMERMAN, TOSHA
Address: 425 3RD ST 1 7
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: COLEMAN, SHANNON
Address: 6533 30TH WAY N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: LEVI, SANDI CVT
Address: 1444 SATSUMA STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PLA, CHARLENE CVT
Address: 6845 NORTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: HEATWOLE, BONNIE CVT
Address: 2638 BOCA CIEGA
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D (X) Change () Addition
Name: COLEMAN, SHANNON CVT
Address: 6533 30TH WAY NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D (X) Change () Addition
Name: POIRIER, ANNETTE CVT
Address: 1802 42ND STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

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: ANNETTE M. POIRIER

CVT

04/30/2007

Electronic Signature of Signing Officer or Director

Date