

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733553

FILED
May 05, 2008
Secretary of State

Entity Name: FLORIDA VETERINARY TECHNICIAN ASSOCIATION, INC.

Current Principal Place of Business:

1802 42ND STREET NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

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 ()**
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:

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

Name and Address of New Registered Agent:

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: D () Delete
Name: MOSS, KAREN CVT
Address: 24703 SW 110 AVENUE
City-St-Zip: PRINCETON, FL 33032

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NISKALA, SHARYN CVT
Address: 1270 N. WICKHAM ROAD STE 16-216
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: MOSS, KAREN CVT
Address: 24703 SW 110TH AVENUE
City-St-Zip: PRINCETON, FL 33032

Title: D (X) Change () Addition
Name: BRACHMANN, PAM CVT
Address: 1285 DAVIS ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GREENAWALT, LISA CVT
Address: 1594 63RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Change (X) Addition
Name: CLARKE, MARJORY CVT
Address: 901 CITRUS AVENUE
City-St-Zip: SARASOTA, FL 34236

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

D

05/05/2008

Electronic Signature of Signing Officer or Director

Date