

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733553

FILED
Jan 27, 2010
Secretary of State

Entity Name: FLORIDA VETERINARY TECHNICIAN ASSOCIATION, INC.

Current Principal Place of Business:

24703 SW 110 AVE
PRINCETON, FL 33032

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 (X)

Name and Address of Current Registered Agent:

MOSS, KAREN A CVT
24703 SW 110 AVE
PRINCETON, FL 33032 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: O
Name: NISKALA, SHARYN CVT PAST PRESIDENT
Address: 1270 N. WICKHAM ROAD STE 16-216
City-St-Zip: MELBOURNE, FL 32935

Title: O
Name: MOSS, KAREN CVT TREASURER
Address: 24703 SW 110TH AVENUE
City-St-Zip: PRINCETON, FL 33032

Title: O
Name: BRACHMANN, PAMELA CVT CORRESPONDING SEC
Address: 1285 DAVIS ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: O
Name: MCABEE, LINDA CVT PRESIDENT
Address: 1110 BRAMBLEWOOD DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: O
Name: GARDNER, SHAYNE CVT PRESIDENT ELECT
Address: 2160 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: O
Name: CLARKE, MARJORY MEMBER REPRESENTATIVE
Address: 901 CITRUS AVENUE
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: KAREN MOSS

CVT

01/27/2010

Electronic Signature of Signing Officer or Director

Date