

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90036 019 ****61.25

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DOCUMENT # 735501

1. Corporation Name

FLORIDA ANIMAL HEALTH FOUNDATION, INC.

Principal Place of Business

7265 129TH STREET
SEMINOLE FL 33776
US

Mailing Address

7265 129TH STREET
SEMINOLE FL 33776
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/07/1976

4. FEI Number

59-0934733

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

HANCOCK, C. GUY D
10035 63RD WAY, NORTH
LARGO FL 33777

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HANCOCK, C. GUY D	
STREET ADDRESS	7265 129TH STREET	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, LEO D	
STREET ADDRESS	2813 SE POCATELLO	
CITY-ST-ZIP	PT. ST. LUCIE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, J. LANE D	
STREET ADDRESS	17200 SE 58TH AVENUE	
CITY-ST-ZIP	SUMMERFIELD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STERN, ALAN	
STREET ADDRESS	2133 BLACK OAK CT.	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIM, MICHAEL	
STREET ADDRESS	918 MILLRD CT. W.	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, BRUCE	
STREET ADDRESS	970 N BASS RD	
CITY-ST-ZIP	KISSIMMEE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia L. Schmalte	
1.3 STREET ADDRESS	1401 N. Riverhills Dr.	
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	

2.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry G. Schmalte	
2.3 STREET ADDRESS	1401 N. Riverhills Dr.	
2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	

3.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas J. Lane	
3.3 STREET ADDRESS	17200 SE 58th Avenue	
3.4 CITY-ST-ZIP	Summerfield, FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	V P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Miller, Bruce	
6.3 STREET ADDRESS	970 N. Bass Road	
6.4 CITY-ST-ZIP	Kissimmee, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Schmalte

4/17/99

Date

813-249-9655

Daytime Phone #

CR2E037 (11/98)