# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2005**
**Secretary of State**

DOCUMENT# 735501

**Entity Name:** FLORIDA ANIMAL HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

7265 129TH STREET
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

7265 129TH STREET
SEMINOLE, FL 33776 US

**New Mailing Address:**

**FEI Number: 59-0934733** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANCOCK, C. GUY P
7265 129TH ST
SEMINOLE, FL 33776 US

**Name and Address of New Registered Agent:**

HANCOCK, CLENRIC G PRESIDE
7265 129TH ST
SEMINOLE, FL 33776 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: CLENRIC GUY HANCOCK 01/22/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HANCOCK, C. GUY D
Address: 7265 129TH STREET
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete
Name: SCHMALTZ, LARRY G
Address: 1401 N RIVERHILLS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DT ( ) Delete
Name: THOMAS, J. LANE D
Address: 17200 SE 58TH AVENUE
City-St-Zip: SUMMERFIELD, FL

Title: D ( ) Delete
Name: SCHMALTZ, PATRICIA
Address: 1401 N RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DS ( ) Delete
Name: REGISTER, LINDA
Address: 3514 PENDLETON WAY
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HANCOCK, CLENRIC G PRESIDE
Address: 7265 129TH STREET
City-St-Zip: SEMINOLE, FL 33776

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLENRIC GUY HANCOCK P 01/22/2005
Electronic Signature of Signing Officer or Director Date