

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735501

FILED  
Mar 25, 2006  
Secretary of State

Entity Name: FLORIDA ANIMAL HEALTH FOUNDATION, INC.

## Current Principal Place of Business:

7265 129TH STREET  
SEMINOLE, FL 33776 US

## New Principal Place of Business:

6125 62ND AVE N  
B  
PINELLAS PARK, FL 33781 US

## Current Mailing Address:

7265 129TH STREET  
SEMINOLE, FL 33776 US

## New Mailing Address:

6125 62ND AVE N  
PINELLAS PARK, FL 33781 US

FEI Number: 59-0934733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANCOCK, CLENRIC G PRESIDE  
7265 129TH ST  
SEMINOLE, FL 33776 US

## Name and Address of New Registered Agent:

HANCOCK, CLENRIC G PRESIDE  
6125 62ND AVE N  
B  
PINELLAS PARK, FL 33781 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:

03/25/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HANCOCK, CLENRIC G PRESIDE  
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: 6125 62ND AVE N  
City-St-Zip: PINELLAS PARK, FL 33781

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 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: GUY HANCOCK DVM, MED

PRES

03/25/2006

Electronic Signature of Signing Officer or Director

Date