

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735501

FILED
Apr 25, 2007
Secretary of State

Entity Name: FLORIDA ANIMAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

207 28TH AVE N
ST. PETERSBURG, FL 33704 US

Current Mailing Address:

6125 62ND AVE N
PINELLAS PARK, FL 33781 US

New Mailing Address:

207 28TH AVE N
ST. PETERSBURG, FL 33704 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
6125 62ND AVE N
B
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

HANCOCK, CLENRIC G PRESIDE
207 28TH AVE N
ST. PETERSBURG, FL 33704 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: GUY HANCOCK

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: 207 28TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

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

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

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

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

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: GUY HANCOCK

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date