2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
01-31-2008 90034 008 ****61.25

DOCUMENT # 735501

1. Entity Name
FLORIDA ANIMAL HEALTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~207 28TH AVE N~~ ~~ST. PETERSBURG, FL 33704 US~~ 4201 SE Hwy 42 Summerfield, FL 34491	~~207 28TH AVE N~~ ~~ST. PETERSBURG, FL 33704 US~~ 4201 SE Hwy 42 Summerfield, FL 34491

66006185

01282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-0934733
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HANCOCK, CLENRIC G PRESIDE~~ Thomas J. Lane
~~207 28TH AVE N~~ 4201 SE Hwy 42
~~ST. PETERSBURG, FL 33704~~ Summerfield, FL
34491

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANCOCK, CLENRIC G PRESIDE
STREET ADDRESS	207 28TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	D
NAME	SCHMALTZ, LARRY G
STREET ADDRESS	1401 N RIVERHILLS DRIVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	DT
NAME	THOMAS, J. LANE D
STREET ADDRESS	17200 SE 58TH AVENUE
CITY-ST-ZIP	SUMMERFIELD, FL
TITLE	D
NAME	SCHMALTZ, PATRICIA G
STREET ADDRESS	1401 N RIVERHILLS DR
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	DS
NAME	REGISTER, LINDA
STREET ADDRESS	3514 PENDLETON WAY
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J Lane 4-16-08 352-245-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #