

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735501

FILED  
Jan 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4201 SE HWY 42  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

**Current Mailing Address:**

4201 SE HWY 42  
SUMMERFIELD, FL 34491 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:**

LANE, THOMAS J  
4201 SE HWY 42  
SUMMERFIELD, FL 34491 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANCOCK, CLENRIC G PRESIDE  
Address: 207 28TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33704

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 G  
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: LANE, THOMAS J PRESIDE  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

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

Title: DT (X) Change ( ) Addition  
Name: LANE, ROBERTA W  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL 34491

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 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: THOMAS J. LANE

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date