

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735501

FILED
Jan 31, 2011
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
Name: LANE, THOMAS J PRESIDE
Address: 4201 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J LANE

PRES

01/31/2011

Electronic Signature of Signing Officer or Director

Date