FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736163 (7)

1. Corporation Name

AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3425 US 27 S POB 2092 SEBRING FL 33871-9092	7131 LAKE ELLENOR DR ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 51-1690662 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRAUS, MARILYN
7131 LAKE ELLENOR DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: DONALD N SCHAEFER, CAE
82 Street Address (P.O. Box Number is Not Acceptable):
83: 7131 LK ELLENOR DR
84 City: ORLANDO FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DONALD N. SCHAEFER, CAE, Exec. Dir. 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WOOLF, MILLIE	12 NAME		
STREET ADDRESS	4120 W CYPRESS ST	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	TV	21 TITLE	VP/TV	☐ Change ☐ Addition
NAME	LAMB, KATHY	22 NAME		
STREET ADDRESS	3350 HUNT CLUB DR	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	ALTVATER, ALLEN	32 NAME	LUCINDA HAYLER	
STREET ADDRESS	3425 US 27 S	33 STREET ADDRESS	PO BOX 851 NM4	
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	KYSER, BETTY	42 NAME	NONE.	
STREET ADDRESS	327 FERN CLIFF AVE	43 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TE	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	DM 6/14	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Kathy Lamb 4/26/95 813-933-4171
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER Kathy Lamb

0034041