

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 31, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 736163 (7)

1. Corporation Name

AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7131 LAKE ELLENOR DR
ORLANDO FL 32809-5738
US

7131 LAKE ELLENOR DR
ORLANDO FL 32809

3. Date incorporated or Qualified

06/21/1976

4. FEI Number

51-1690662

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAFFER, DONALD N CAE
7131 LK ELLENOR DR
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4000002703224-8

83

-12/04/98-01062-009

84 City

*****61.25 *****61.25
FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CAROL JONES

STREET ADDRESS 1586 GULF BLVD. #2609

CITY-ST-ZIP INDIAN ROCKS BEACH, FL

TITLE PD ☒ DELETE

NAME LAMB, KATHY

STREET ADDRESS 3350 HUNT CLUB DR

CITY-ST-ZIP CLEARWATER FL

TITLE SD ☒ DELETE

NAME HAGLER, LUCINDA

STREET ADDRESS P.O. BOX 851 N/A

CITY-ST-ZIP CROSS CITY FL 32056

TITLE T ☐ DELETE

NAME KENNETH LACKMAN

STREET ADDRESS 4935 29TH LANE E

CITY-ST-ZIP BRADENTON FL

TITLE ☒ DELETE

NAME Barbara Reynolds

STREET ADDRESS 780 - Cape View Dr.

CITY-ST-ZIP Ft. Meyers, Florida

TITLE ☐ DELETE

NAME Cathi Thibodeau

STREET ADDRESS 1314 - Normandy Circle

CITY-ST-ZIP Palm Harbor, FL

TITLE ☐ DELETE

NAME Cathi Thibodeau

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CITY-ST-ZIP Palm Harbor, FL

TITLE ☐ DELETE

NAME Cathi Thibodeau

STREET ADDRESS 1314 - Normandy Circle

CITY-ST-ZIP Palm Harbor, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD

1.2 NAME CAROL JONES

1.3 STREET ADDRESS 1586 GULF BLVD #2609

1.4 CITY-ST-ZIP CLEARWATER, FL 33767

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME KATHY LAMB

2.3 STREET ADDRESS 3350 HUNT CLUB DR.

2.4 CITY-ST-ZIP CLEARWATER, FL 34621

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME BARBARA REYNOLDS

3.3 STREET ADDRESS 780 CAPE VIEW DR

3.4 CITY-ST-ZIP FT. MEYERS, FL 33919

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME KENNETH LACKMAN

4.3 STREET ADDRESS 4935 29TH LANE E.

4.4 CITY-ST-ZIP BRADENTON, FL 34203

5.1 TITLE VPD ☐ Change ☒ Addition

5.2 NAME Cathi Thibodeau

5.3 STREET ADDRESS 1314 NORMANDY CIRCLE

5.4 CITY-ST-ZIP PALM HARBOR, FL 34684

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME N/A.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-4-98-595-0323

1-813

12-1-98

APPROVED
AND
FILED

98 NOV 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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