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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736163

1. Corporation Name

AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Principal Place of Business

7131 LAKE ELLENOR DR
ORLANDO FL 32809-5738
US

Mailing Address

7131 LAKE ELLENOR DR
ORLANDO FL 32809

774119 - 90075 - 32



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/21/1976

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 PD ☐ DELETE
NAME JONES, CAROL
STREET ADDRESS 1586 GULF BLVD. #2609
CITY-ST-ZIP CLEARWATER FL 33767

TITLE VPD ☒ DELETE
NAME LAMB, KATHY
STREET ADDRESS 3350 HUNT CLUB DR
CITY-ST-ZIP CLEARWATER FL 34621

TITLE SD ☐ DELETE
NAME REYNOLDS, BARBARA
STREET ADDRESS 780 CAPE VIEW DR.
CITY-ST-ZIP FT. MYERS FL 33919

TITLE TD ☐ DELETE
NAME LOCKMAN, KENNETH
STREET ADDRESS 4935 29TH LANE E.
CITY-ST-ZIP BRADENTON FL 34203

TITLE VPD ☐ DELETE
NAME THIBIDEAU, CATHI
STREET ADDRESS 1314 NORMANDY CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
HAGLER, LUCINDA
P.O. BOX 851
LAKE CITY, FL 32056

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REGISTERED AGENT
(407) 851-3862

CR2E037 (11/98)