


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 736163 1. Entity Name AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.	
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Principal Place of Business 7131 LAKE ELLENOR DR ORLANDO, FL 32809-5738 US	Mailing Address 7131 LAKE ELLENOR DR ORLANDO, FL 32809
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04012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-1690662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHAFER, DONALD N CAE 7131 LK ELLENOR DR ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

000000142969
04/30/04-80072-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LACKMAN, KENNETH 5935 29TH LN E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REYNOLDS, BARBARA 780 CAPE VIEW DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LACKMANN, KENNETH 4935 29TH LANE E. BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THIBIDEAU, CATHI 1314 NORMANDY CIRCLE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WAGLER, LUCINDA PO BOX 851 LAKE CITY, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Lackmann 4/25/04 941-764-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #