2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 736163

Entity Name: AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

7131 LAKE ELLENOR DR
ORLANDO, FL 328095738 US

New Principal Place of Business:

Current Mailing Address:

7131 LAKE ELLENOR DR
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 51-1690662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFFER, DONALD N CAE
7131 LK ELLENOR DR
ORLANDO, FL 32809 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 ( ) Delete
Name: LACKMAN, KENNETH
Address: 5935 29TH LN E
City-St-Zip: BRADENTON, FL 34203

Title: VPD ( ) Delete
Name: REYNOLDS, BARBARA
Address: 780 CAPE VIEW DR.
City-St-Zip: FT. MYERS, FL 33919

Title: TD ( ) Delete
Name: LACKMANN, KENNETH
Address: 4935 29TH LANE E.
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: THIBIDEAU, CATHI
Address: 1314 NORMANDY CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete
Name: WAGLER, LUCINDA
Address: PO BOX 851
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAROL, JONES
Address: 2090 DOUBLE CREEK LANE
City-St-Zip: ALPHARETTA, GA 30004

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL JONES PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date