

FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738125 (4)
1. Corporation Name
VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC.



Principal Place of Business 932 MASON AVE. DAYTONA BEACH FL 32117 US	Mailing Address 932 MASON AVE. DAYTONA BCH. FL 32117 US
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3. Date Incorporated or Qualified 02/17/1977	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

9. Name and Address of Current Registered Agent	
LANGFORD, GARY 932 MASON AVENUE DAYTON BEACH FL 32117	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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: *Gary Langford* **Gary Langford, Secretary** DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD KANFER, DON
STREET ADDRESS	1501 W. WOODLAND BLVD.
CITY - ST - ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> DELETE
NAME	VD RIPPEY, WILLIAM JR
STREET ADDRESS	1961 S. RIDGEWOOD AVENUE
CITY - ST - ZIP	S. DAYTONA FL 32119
TITLE	<input type="checkbox"/> DELETE
NAME	S LANGFORD, GARY
STREET ADDRESS	932 MASON AVENUE
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BASS, JOHN
STREET ADDRESS	5833 S. RIDGEWOOD AVENUE
CITY - ST - ZIP	PORT ORANGE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BREWER, GLENN
STREET ADDRESS	1727 N. HIGHWAY 15-A
CITY - ST - ZIP	DELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Teri Hart
1.3 STREET ADDRESS	1727 N. Highway 15-A
1.4 CITY - ST - ZIP	Deland, FL 32720
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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)(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 on an attachment with an address.

SIGNATURE: *Gary Langford* **Gary Langford** Date: **7 Jun 98** Daytime Phone #: **9042551407**

CR2E037 (10/97)