


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 738125**  
 1. Entity Name  
**VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC.**



Principal Place of Business      Mailing Address  
**1402 DUNLAWTON AVENUE**      **1402 DUNLAWTON AVENUE**  
**PORT ORANGE FL 32127**      **PORT ORANGE FL 32127**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/04)

City & State      City & State

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLUTH, SUSAN**  
**1402 DUNLAWTON AVENUE**  
**PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, JOE	
STREET ADDRESS	30 S. U.S. HWY 17-92	
CITY-ST-ZIP	DEBARY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COX, KENNETH	
STREET ADDRESS	1984 SR 44	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLUTH, SUSAN	
STREET ADDRESS	1402 DUNLAWTON AVENUE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, JOHN	
STREET ADDRESS	5833 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000286717  
 04/04/05-80040-010 61.25

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: *Susan Kluth*      Susan Kluth      4/02/05      386 322 0108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      List      Daytime Phone if