


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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 US **PORT ORANGE, FL 32127 US**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, JOE 30 S. U.S. HWY 17-92 DEBARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, KENNETH 1984 SR 44 NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUTH, SUSAN 1402 DUNLAWTON AVENUE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, JOHN 5833 S. RIDGEWOOD AVENUE PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, GLENN 1727 N. HIGHWAY 15-A DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/06-80036-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/05/06 386 322 0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #