


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90091 019 ****70.00

DOCUMENT # 738125					
1. Entity Name VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC.					
Principal Place of Business 1402 DUNLAWTON AVENUE PORT ORANGE, FL 32127 US			Mailing Address 1402 DUNLAWTON AVENUE PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box # 30 WPI COURT		3. Mailing Address 30 WPI COURT			
Suite, Apt. #, etc. PALM COAST FL		Suite, Apt. #, etc. PALM COAST FL			
City & State		City & State			
Zip 32137	Country FLORIDA	Zip 32137	Country FLORIDA	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 DR. LEE STUART		
			Street Address (P.O. Box Number is Not Acceptable) 30 WPI COURT		
			City PALM COAST FL Zip Code 32137		
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 <u>Dr Lee B Stuart</u> PRESIDENT					
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD STUART, LEE 9 PINE CONE DRIVE PALM COAST, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 WPI COURT PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, KENNETH 1984 SR 44 NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUTH, SUSAN 1402 DUNLAWTON AVENUE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUKHIA, AMAN 1640 OCEAN SHORE BLVD ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (New VD) BASS, JOHN 5833 S. RIDGEWOOD AVENUE PORT ORANGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, GLENN 1727 N. HIGHWAY 15-A DELAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEFFLER, CHARLES (T/S/D) 1095 NORTH HIGHWAY US HWY 1 SUITE 6 ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Dr Lee B Stuart</u> LEE, B. STUART 4/21/08 386-446-9099					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					