

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744750

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** ST. JOHNS COUNTY VETERINARY ASSOCIATION, INC.

**Current Principal Place of Business:**

1360 US 1 S  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1360 US 1 S  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-2364058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASLER, WILLIAM F., SR.  
5304 1ST AVENUE NORTH  
ST. PETERSBURG, FL 33710 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:** D  
**Name:** BECKETT, RACHEL S.  
**Address:** 1925 A1A SOUTH  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** D  
**Name:** GENDZIER, MARK DVM  
**Address:** 1360 US 1 SO  
**City-St-Zip:** ST AUGUSTINE, FL 32084

**Title:** D  
**Name:** NICHOLAS, HERBERT DVM  
**Address:** 2440 US HIGHWAY 1 SOUTH  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

**SIGNATURE:** MARK GENDZIER

TR

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date