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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746850

1. Corporation Name
CHARLIE BILD'S FRIENDS, INC.

Principal Place of Business
C/O COLLEGE OF VETERINARY MEDICINE
P. O. BOX 100125
GAINESVILLE FL 32610
US

Mailing Address
C/O COLLEGE OF VETERINARY MEDICINE
P. O. BOX 100125
GAINESVILLE FL 32610
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
04/23/1979

4. FEI Number
59-0974739

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

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

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

10. Name and Address of New Registered Agent
85 Zip Code

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.

CRIFE, WYLAND S.
22859 N.W. 87TH AVE. RD.
MICANOPY FL 32667

FL 85 Zip Code

12. SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	DEE, LARRY G.	2864 HOLLYWOOD BLVD.	HOLLYWOOD FL	
	VP	NICOLETTI, PAUL	2015 SW 16TH AVE	GAINESVILLE FL 32610
	ST	GARDNER, WADE G.	5711 LAKELAND HIGHLANDS RD	LAKELAND FL
	D	BRANDT, JAMES H.	720 N. TAMiami TRAIL	NOKOMIS FL
	D	FAWCETT, JAMES W.	8776 SUNSET DR.	MIAMI FL
	D	WHITLEY, THOMAS F.	1355 E. LAFAYETTE ST.	TALLAHASSEE FL

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, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)