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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

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90066 003 ****61.25

| C/O | COLLEGE OF VETERINARY MEDICINE | Mailing Address | | | | | |
|-----------------------------------|--|----------------------------|--|---|--|--|--|
| P. O. BOX 100125 C/O COLLEGE OF S | | | | 1450.00 | | | |
| | | | | MEDICINE | I (ARIH) (ARI) REGIO ALIAN INTERNALA | Dit sen sen sen sen | |
| US GAINESVILLE FL 326 | | | 310 | | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |))) 10) 10) 1 (1) 1 (1) | BIL BIBIL BIBIL BIBIL LABI |
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| 2. Pr | ncipal Place of Business | | | | 1 | anit mintt Bifft fil | in arace bratt Alall 1889 |
| 21 | Topal Flace of Business | 2a. Mailing Address | | | | | |
| | | | | | 3. Date Incorporated or Qualifed | | _ |
| | | | | | 04/23/1979 \ | | |
| 22 | | Suite, Apt. #, etc. | | | 4. FEI Number | | |
| | & State | 27 | | | 59-0974739 | | Applied For |
| 23 | | City & State | | | 00 001 4709 | • ' | Not Applicable |
| Zip | Country | 28 | | | 5. Certificate of Status Desired | <u> </u> | 3.75 Additional |
| 24 | | Zip | Cou | ntry | | | Fee Required |
| | 9. Name and Add | 29 | 30 | | 6. Election Campaign Financing | | |
| | 9. Name and Address of Currer | nt Registered Agent | | | I rust Fund Contribution | <u>΄</u> | 5.00 May Be |
| COID | | | | 81 Name | 10. Name and Address of New R | Parietored & | dded to Fees |
| 000E | E, WYLAND S. | | 1 | 81 Name | | - Sistered Agent | F. , |
| 22859 N.W. 87TH AVE. RD. | | | } | 82 Street Add | Page (D.O. P. | 1 | ** |
| MICANOPY FL 32667 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | [1 | 33 | | | • |
| | • • | | Ĺ | | | | |
| 11., Purs | uant to the provisions of Sauth | <u> </u> | }8 | 4 City | | | |
| offic | or registered agent, or both, in the State of | and 617.1508, Florida Stat | Utes the abo | \ | | E1 85 | Zip Code |
| ager | it. I am familiar with, and accept the obligation | ons of Section 617.0500 | authorized b | ve-named corpo | pration submits this statement for the n | UIDOSO of charact | President state of the second |
| SIGNATI | JRE | -11 9000011 017.0503, F | lorida Statute | 8. | s board of directors. I hereby accept | the appointment : | g its registered |
| 12. | uant to the provisions of Sections 617.0502 a or registered agent, or both, in the State of it. I am familiar with, and accept the obligation of the state of the | and title if applicable | | | • | ्वे सर्वत्र । पू | PA PHARE! |
| TITLE | OFFICERS AND | DIRECTORS | antorda Agr | ent signature required o | when reinstating) | | ł |
| AME | 1.5 | · DELETE | —————————————————————————————————————— | | ADDITIONS/CHANGES TO OFFIC | DATE | |
| | DEE, LARRY G. | O DECE !E | 1.1 TITLE | | 7 130 J | JERS AND DIREC | CTORS IN 12 |
| TREET ADDR | The state of the s | | 1.2 NAME | ł | · | Char | nge 🔲 Addition |
| TY-ST-ZIP | HOLLYWOOD FL | | 1.3 STREE | TADDRESS | 175 | | |
| TLE | VP | | 1.4 CITY-S | , | * * # | | 1 |
| AME | NICOLETTI, PAUL | ☐ DELETE | 2.1 TITLE | | · | | ` |
| REET ADDRE | ss 2015 SW 16TH AVE | | 2.2 NAME | 1 | | Chang | ge Addition |
| TY-ST-ZIP | GAINESVILLE FL 32610 | | | . 1 | | | And Manager |
| LE | ST ST | | 2.3 STREET | I | | | |
| ME | - • | [] DELETE | 2.4 CITY-S1 | - ZIP | _ | - | |
| aut | GARDNER, WADE G. | -3 | 3.1 TITLE | | | | |
| REET ADDRES | | | 3.2 NAME | ĺ | | Change | e |
| Y-ST-ZIP | LAKELAND FL | | 3.3 STREET | ODRESS | | | ł . |
| Æ | D | | 3.4. CITY- ST- | I | • | • ' | j |
| Æ . | BRANDT, JAMES H. | ☐ DELETE | 4.1 TITLE | | | | 1 |
| EET ADDRES | 720 N. TAMIAMI TRAIL | | 4.2 NAME |] | | ☐ Change | Addition |
| -ST-ZIP | NOKOMIS FL | | | | 1 03731834, 1344 | • | |
| | D D | | 4.3 STREET AL | l l | | A training and | \$20 B \$2 B B B B B B B B B B B B B B B B B |
| • | 1 = | ☐ DELETE | 4.4 CITY-ST-Z | IP | | 建物建筑建 | 夏納縣 |
| - | FAWCETT, JAMES W. | -2 525515 | 5.1 TITLE | | 7. 1. | | 图画器 |
| ET ADDRESS | · · · · · · · · · · · · · · · · · | | 5.2 NAME | 1 | | ☐ Change | ☐ Addition |
| ST-ZIP | MIAMI FL | | 5.3 STREET AD | | | | } |
| | D | | 5.4 CITY- ST- ZII | s | A starting | | 1 |
| | WHITLEY, THOMAS F. | ☐ DELETE | 6.1 TITLE | | - | ŧ | 1 |
| | | | | | | | |

Interest 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 efficiency 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 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

1355 E. LAFAYETTE ST.

TALLAHASSEE FL

☐ Change

Addition