

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90037 050 ****61.25

DOCUMENT # 746850

1. Entity 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**

24009401



01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0974739 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Nicoletti, Paul**
Street Address (P.O. Box Number is Not Acceptable)
2015 S W 16th Avenue
City **Gainesville** FL Zip Code **32610**

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 20, 04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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	P DEE, LARRY G. 2864 HOLLYWOOD BLVD. HOLLYWOOD, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICOLETTI, PAUL 2015 SW 16TH AVE GAINESVILLE, FL 32610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. GARDNER, WADE G. 5711 LAKELAND HIGHLANDS RD LAKELAND, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, JAMES H. 720 N. TAMiami TRAIL NOKOMIS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAWCETT, JAMES W. 8776 SUNSET DR. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, THOMAS F. 1355 E. LAFAYETTE ST. TALLAHASSEE, FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:

Larry Gene Dee **LARRY GENE DEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/04

954-920-3556