

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746850

FILED
Apr 29, 2005
Secretary of State

Entity Name: CHARLIE BILD'S FRIENDS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0974739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLETTI, PAUL
2015 SW 16TH AVE
GAINESVILLE, FL 32610 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: P () Delete
Name: DEE, LARRY G.,
Address: 2864 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

Title: VP () Delete
Name: NICOLETTI, PAUL
Address: 2015 SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32610

Title: ST () Delete
Name: GARDNER, WADE G.,
Address: 5711 LAKELAND HIGHLANDS RD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: BRANDT, JAMES H.,
Address: 720 N. TAMiami TRAIL
City-St-Zip: NOKOMIS, FL

Title: D () Delete
Name: FAWCETT, JAMES W.,
Address: 8776 SUNSET DR.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WHITLEY, THOMAS F.,
Address: 1355 E. LAFAYETTE ST.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL NICOLETTI

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date