

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

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**



07022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0974739

Applied For
☐ Not Applicable

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

C. Name and Address of Current Registered Agent

**NICOLETTI, PAUL
2015 SW 16TH AVE
GAINESVILLE, FL 32610**

**DO NOT WRITE
IN THIS SPACE**

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

7/13/07

**Filing Fee is \$61.25
Due by September 14, 2007**

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

**U000000770237
07/24/07-80007-010 61.25**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/07 (352) 392-2239
Date Daytime Phone #