2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# 746850

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:

C/O COLLEGE OF VETERINARY MEDICINE
2015 SW 16TH AVE
GAINESVILLE, FL 32608 US

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 US	
Title:	VP	( ) Delete
Name:	NICOLETTI, PAUL	
Address:	2015 SW 16TH AVE	
City-St-Zip:	GAINESVILLE, FL 32610 US	
Title:	ST	( ) Delete
Name:	GARDNER, WADE G	
Address:	5711 LAKELAND HIGHLANDS RD	
City-St-Zip:	LAKELAND, FL US	
Title:	D	( ) Delete
Name:	BRANDT, JAMES H	
Address:	720 N TAMIAMI TRAIL	
City-St-Zip:	NOKOMIS, FL US	
Title:	D	( ) Delete
Name:	FAWCETT, JAMES W	
Address:	8776 SUNSET DR	
City-St-Zip:	MIAMI, FL US	
Title:	D	( ) Delete
Name:	WHITLEY, THOMAS F	
Address:	1355 E LAFAYETTE ST	
City-St-Zip:	TALLAHASSEE, FL US	

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 exemption stated 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 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 07/03/2008
Electronic Signature of Signing Officer or Director — Date