

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746850

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** CHARLIE BILD'S FRIENDS, INC.

**Current Principal Place of Business:**

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

MCGRUFF, RACHEL D  
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  
Name: DEE, LARRY G  
Address: 2864 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP  
Name: GARDNER, WADE G  
Address: 5711 LAKELAND HIGHLANDS RD  
City-St-Zip: LAKELAND, FL 33813 US

Title: ST  
Name: BRANDT, JAMES H  
Address: 720 N TAMIAMI TRAIL  
City-St-Zip: NOKOMIS, FL 34275 US

Title: D  
Name: FAWCETT, JAMES W  
Address: 8776 SUNSET DR  
City-St-Zip: MIAMI, FL 33173 US

Title: D  
Name: WHITLEY, THOMAS F  
Address: 1355 E LAFAYETTE ST  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: LARRY G DEE

P

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date