

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001928

Entity Name: VET FOUNDATION INC

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

75 E. MARKET ST.
AKRON, OH 44308

New Principal Place of Business:

Current Mailing Address:

5809 S. DALE MABRY HWY
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-4553181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACFQARLENE FERGUSON & MCMULLEN
CARTER MCCAIN
201 N. FRANKLIN, SUITE 2000
TAMPA, FL 33602 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: CHRM () Delete
Name: HADSAU, CHRIS
Address: 133 S. SANTA FE
City-St-Zip: VISTA, CA 92083

Title: VCHR () Delete
Name: BORNATH, DAN
Address: 1616 ANDERSON RD., SUITE 324
City-St-Zip: MCLEAN, VA 22102

Title: P () Delete
Name: YOUNG, ELIZABETH
Address: P.O. BOX 1930
City-St-Zip: LARGO, FL 33779

Title: V () Delete
Name: MATTHEWS, LINDSEY
Address: 5809 S. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33611

Title: ST () Delete
Name: FARRELL, KEVIN
Address: 10006 CROSSCREEK BLVD. #459
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: JONES, TOM
Address: 450 BAY SCOUT RD.
City-St-Zip: BOSWELL, PA 15531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: HADSALL, CHRIS
Address: 98 DERRINGER COURT
City-St-Zip: BAILEY, CO 80421

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: LINDSEY MATTHEWS

V

03/04/2009

Electronic Signature of Signing Officer or Director

Date