

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003999

FILED
Jun 16, 2009
Secretary of State

Entity Name: OPERATION CATNIP OF GAINESVILLE, INC.

Current Principal Place of Business:

210 NW 79TH DRIVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 141023
GAINESVILLE, FL 326141023

New Mailing Address:

FEI Number: 59-3522378 **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:

Name and Address of New Registered Agent:

LEVY, JULIE DR.
COLLEGE OF VETERINARY MEDICINE, UNIV OF FL
2015 SW 16TH STREET
GAINESVILLE, FL 32610 US

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: PD () Delete
Name: LEVY, JULIE DR
Address: 210 NW 79TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: TS () Delete
Name: SCOTT, KAREN PHD
Address: 444 NW 26TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VP () Delete
Name: CRAWFORD, CYNDA DR
Address: PO BOX 100126
City-St-Zip: GAINESVILLE, FL 32610

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TS (X) Change () Addition
Name: KAPLAN-STEIN, DALE DR.
Address: 229 NW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Change () Addition
Name: RICHMOND, SANDI
Address: 22351 US HWY. 441
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SEC () Change (X) Addition
Name: ROBERT, HUTCHINSON
Address: 3218 SE 27TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Change (X) Addition
Name: CHRIS, MACHEN
Address: PO BOX 113150
City-St-Zip: GAINESVILLE, FL 32614

Title: D () Change (X) Addition
Name: COFRIN, GLADYS
Address: 2615 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605

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: DR. JULIE LEVY

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date