

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003999

FILED
Jan 11, 2010
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:

4205 NW 6TH STREET
GAINESVILLE, FL 32609

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 ()

Name and Address of Current Registered Agent:

LEVY, JULIE DR.
COLLEGE OF VETERINARY MEDICINE, UNIV OF FL
2015 SW 16TH STREET
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: PD
Name: LEVY, JULIE DR
Address: 210 NW 79TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607

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

Title: VP
Name: COFRIN, GLADYS
Address: 2615 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605

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

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: JULIE LEVY

PRES

01/11/2010

Electronic Signature of Signing Officer or Director

Date