

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003999

FILED
Apr 27, 2011
Secretary of State

Entity Name: OPERATION CATNIP OF GAINESVILLE, INC.

Current Principal Place of Business:

4205 NW 6TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

2015 SW 16TH AVE
GAINESVILLE, FL 32610

Current Mailing Address:

PO BOX 141023
GAINESVILLE, FL 326141023

New Mailing Address:

PO BOX 141023
GAINESVILLE, FL 32614

FEI Number: 59-3522373

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:

OLMSTEAD, SHAYE M
807 NW 41ST AVE
GAINESVILLE, FL 32609 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: SHAYE MARIE OLMSTEAD

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEVY, JULIE K DVM
Address: 2015 SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32610 UN

Title: V
Name: TUCKER, SYLVIA
Address: 2290 SE 193 CT
City-St-Zip: MORRISTON, FL 32668

Title: S
Name: SCOTT, KAREN
Address: 444 NW 26TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: T
Name: BROWER, ANDREA C
Address: 16703 HWY 441 S.
City-St-Zip: MICANOPY, FL 32667

Title: D
Name: TORRENCE, JESSICA M
Address: 3430 NW 53RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606 UN

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: SHAYE MARIE OLMSTEAD

MS.

04/27/2011

Electronic Signature of Signing Officer or Director

Date