

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004800

FILED
Feb 19, 2004
Secretary of State**Entity Name:** FLORIDA VETERINARY MEDICAL ASSOCIATION FOUNDATION, INC.**Current Principal Place of Business:**7131 LAKE ELLENOR DRIVE
ORLANDO, FL 32809**New Principal Place of Business:****Current Mailing Address:**7131 LAKE ELLENOR DRIVE
ORLANDO, FL 32809**New Mailing Address:****FEI Number:** 59-3669363**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHAEFER, DONALD
7131 LAKE ELLENOR DRIVE
ORLANDO, FL 32809**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: D () Delete
Name: MORGAN, MICHAEL K DVM
Address: 2433 E LANGLEY AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: GODFREY, ERNEST C DVM
Address: 8490 49TH STREET
City-St-Zip: PINELLAS PARK, FL 346651551

Title: D () Delete
Name: BLUMER, PHILIP W DVM
Address: 623 BEAL PARKWAY NW
City-St-Zip: FT WALTON BEACH, FL 32548

Title: M () Delete
Name: SCHAEFFER, DONALD N
Address: 7131 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: DONALD N. SCHAEFER

M

02/19/2004

Electronic Signature of Signing Officer or Director

Date