

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004800

FILED
Feb 01, 2009
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:

HINKLE, PHILIP
7131 LAKE ELLENOR DR
ORLANDO, FL 32809 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 () Delete
Name: GARDNER, GEOFFREY R DVM
Address: 3003 BARTOW HWY S
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: GODFREY, ERNEST C DVM
Address: 7791 52ND STREET
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD () Delete
Name: BASS, JOHN R DVM
Address: 5833 S RIDGEWOOD AVENUE
City-St-Zip: PORT ORANGE, FL 32127

Title: MD () Delete
Name: HINKLE, PHILIP
Address: 7131 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRECHIN, JAMES M DVM
Address: 4003 COMMONS DRIVE WEST
City-St-Zip: DESTIN, FL 32541

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: PHILIP HINKLE

M

02/01/2009

Electronic Signature of Signing Officer or Director

Date