

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004800

FILED
Jan 09, 2012
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
Name: HASSE, JAN M DVM
Address: 4729 OLD STONE RD
City-St-Zip: SARASOTA, FL 34233

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

Title: SD
Name: WILLIAMS, RICHARD B DVM
Address: 12134 FORT CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32225

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

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: PHILIP HINKLE

MD

01/09/2012

Electronic Signature of Signing Officer or Director

Date