

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000021

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** RIVER CITY COMMUNITY ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

6670 BOWDEN ROAD  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 551344  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

**FEI Number:** 51-0496203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SKINNER, SARAH T D.V.M.  
6670 BOWDEN ROAD  
JACKSONVILLE, FL 32216 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: P ( ) Delete  
Name: CHESSER, STACEY R  
Address: 6236 PINELOCK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: S ( ) Delete  
Name: SKINNER, SARAH T D.V.M.  
Address: 6670 BOWDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T ( ) Delete  
Name: CHESSER, STACEY R  
Address: 6236 PINELOCK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: S ( ) Delete  
Name: GIONET, PAT  
Address: 7433 SYCAMORE ST  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S ( ) Delete  
Name: BLACKWELDER, VENITA  
Address: 323 SUZANNE DR  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TREA (X) Change ( ) Addition  
Name: CHESSER, STACEY R  
Address: 6236 PINELOCK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: PRES (X) Change ( ) Addition  
Name: SKINNER, SARAH T D.V.M.  
Address: 6670 BOWDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GIONET, PAT  
Address: 7433 SYCAMORE ST  
City-St-Zip: JACKSONVILLE, FL 32208 US

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: SARAH T. SKINNER

PRES

02/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date