

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000021

FILED
Mar 21, 2009
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: TREA () Delete
Name: CHESSER, STACEY R
Address: 6236 PINELOCK DRIVE
City-St-Zip: JACKSONVILLE, FL 32211 US

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

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

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

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 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: DR. SARAH T. SKINNER

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date