

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003927

FILED  
Mar 28, 2009  
Secretary of State

**Entity Name:** ASSOCIATION OF REPTILIAN AND AMPHIBIAN VETERINARIANS STUDENT CHAPTER INC.

**Current Principal Place of Business:**

2015 SW 16TH AVE  
GAINESVILLE, FL 32610

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100125  
GAINESVILLE, FL 32610

**New Mailing Address:**

**FEI Number:** 80-0175056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMELLA, KRISTEN E  
409 SW 54TH DRIVE  
GAINESVILLE, FL 32607 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: RAMELLA, KRISTEN E  
Address: 409 SW 54TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: PARKIN, DEREK B  
Address: 3141 SW 42ND PLACE  
City-St-Zip: GAINESVILLE, FL 32608

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

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: KRISTEN E RAMELLA

P

03/28/2009

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

\_\_\_\_\_  
Date