

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004462

FILED  
Sep 04, 2012  
Secretary of State

**Entity Name:** FLORIDA ANIMAL CARE TRUST, INC

**Current Principal Place of Business:**

5700 SW 34TH STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

5700 SW 34TH STREET  
GAINESVILLE, FL 32608 UN

**Current Mailing Address:**

5700 SW 34TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

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

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

MATTHEW A. TAVRIDES, P.A.  
711 W. HARVARD STREET  
ORLANDO, FL 32804 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  
Name: HOBBY, BO  
Address: 15720 SW 191ST AVE  
City-St-Zip: WILLISTON, FL 32696

Title: VP  
Name: HINKLE, PHIL  
Address: 7131 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: S  
Name: EUBANKS, SCOT  
Address: 5700 SW 34TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: T  
Name: HODGE, RAY  
Address: 19039 121ST ROAD  
City-St-Zip: MCALPIN, FL 32062 UN

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: RAY HODGE

T

09/04/2012

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

\_\_\_\_\_  
Date