2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90457 043 ****61.25

DOCUMENT # N17445

1. Entity Name
TAMPA BAY ANIMAL HEALTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 9431 TAMPA, FL 33674-6431	P. O. BOX 9431 TAMPA, FL 33674-6431

04262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2785579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOGMAN, ASSOCIATES 5511 CENTRAL AVE SAINT PETERSBURG, FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RON YOGMAN 4/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON, ARTHUR VETCARE HARRIS ANIMAL HOSPITAL TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1510 E. HILLSBOROUGH AVE. TAMPA FL 33610
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NOVA K, BRIAN BOYETTE ANIMAL HOSPITAL RIVERVIEW, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CANDYCE BENNETT 1510 E. HILLSBOROUGH AVE TAMPA FL 33610 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REPETA, DONNA 15501 BRICE B DOWNS BLVD #206 TAMPA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LINDA REGISTER 3514 PENDLETON WAY LAND O'LAKES, FL 34639 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candyce Bennett CANDYCE BENNETT 4/25/06 (813)239-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #