

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90057 015 ****61.25

DOCUMENT # N45547

1. Entity Name
BIG BEND VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business
**2701 N. MONROE ST.
TALLAHASSEE, FL 32303**

Mailing Address
**2701 N. MONROE ST.
TALLAHASSEE, FL 32303**

50005136



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3115495

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

**HAGWOOD, LYNN
2701 N. MONROE ST.
TALLAHASSEE, FL 32303**

Name (spelling) **Lynn Hagood**

Street Address (P.O. Box Number is Not Acceptable)

2701 N. Monroe St

City **Tallahassee**

FL

Zip Code
32303

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

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, 2005**

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 PD ☒ Delete
NAME PRIDGEON, MICHAEL
STREET ADDRESS 216 AUSLEY RD.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE PD ☒ Change ☐ Addition
NAME Scott Welch
STREET ADDRESS 2701 N. Monroe St
CITY-ST-ZIP Tallahassee, FL 32303

TITLE STD ☐ Delete
NAME HAGWOOD, LYNN
STREET ADDRESS 2701 NORTH MONROE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE STD ☒ Change ☐ Addition
NAME Lynn Hagood
STREET ADDRESS 2701 N. Monroe St
CITY-ST-ZIP Tallahassee, FL 32303 (spelling)

TITLE VD ☒ Delete
NAME WETCH, SCOTT
STREET ADDRESS 2701 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VD ☒ Change ☐ Addition
NAME Michael Pridgeon
STREET ADDRESS 216 Ausley Rd
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

850-385-5141

Daytime Phone #