

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 007 ****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**

60000044



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3115495

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

Lynn T. Hagood, STD
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/3/06
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 PD ☐ Delete
NAME **WELCH, SCOTT**
STREET ADDRESS **2701 N MONROE ST**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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

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

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

TITLE VD ☒ Delete
NAME **PRIDGEON, MICHAEL**
STREET ADDRESS **216 AUSKY RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE VD ☐ Change ☒ Addition
NAME **Richardson, Billy**
STREET ADDRESS **2701 N. Monroe St.**
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 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:

Lynn T. Hagood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06 **850-385-5141**
Date Daytime Phone #