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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra J. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:41

DOCUMENT # N94000005104 (4)

1. Corporation Name

PALM BEACH VETERINARY FOUNDATION FOR ANIMALS, INC.

Principal Place of Business

Mailing Address

% JAMES E. GRUBB, DVM
525 SE 6TH AVE.
DELRAY BEACH FL 33483

% JAMES E. GRUBB, DVM
525 SE 6TH AVE.
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

4. FEI Number

65-0542491

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible taxes under S. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUBB, JAMES E
525 SE 6TH AVE.
DELRAY BEACH FL 33483

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DEGEN, LISA
STREET ADDRESS 134 US HWY 1
CITY-ST-ZIP N. PALM BEACH FL 33408

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D
NAME BERKENBLIT, MICHAEL
STREET ADDRESS 134 US HWY 1
CITY-ST-ZIP N. PALM BEACH FL 33408

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D
NAME PHILLIPS, JOHN
STREET ADDRESS 180 W. SPANISH RIVER BLVD.
CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D
NAME DUGAL, RANDY
STREET ADDRESS 354 EDMORE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D
NAME MOORE, DENNIS
STREET ADDRESS 7100 BELVEDERE ROAD
CITY-ST-ZIP W. PALM BEACH FL 33411-3308

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 as changed, or as an addition with an address.

SIGNATURE:

Randy Dugal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall S. Dugal
Director

3-8-95

Date

798-5508

Anytime 1 Year