


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90167 016 ****61.25

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| DOCUMENT # N97000002087 | |  | |
| 1. Entity Name UNIVERSITY OF FLORIDA STUDENT CHAPTER OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, INC. | | | |
| Principal Place of Business UNIVERSITY OF FL. COLLEGE OF VETERINA MEDICINE BUILDING GAINESVILLE FL 32610-0125 | | Mailing Address P. O. BOX 125361 GAINESVILLE FL 32610 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BIER, JENNIFER 1060 SW 14TH AVE. E GAINESVILLE FL 32601 | | 7. Name and Address of New Registered Agent Name: <u>Jennifer Bier</u> Street Address (P.O. Box Number is Not Acceptable) <u>1060 SW 14th Ave E</u> City <u>Gainesville, FL</u> <u>FL</u> Zip Code <u>32601</u> | |
| 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: <u>[Signature]</u> DATE: <u>4/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PRES BIER, JENNIFER 1060 SW 14TH AVE. APT. E GAINESVILLE FL 32601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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1st MOORE CR2E037 (10/06)

4. FEI Number 51-0214946
Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature] SCAMMA Treasurer 4/5/07