

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002087

FILED
Mar 12, 2009
Secretary of State

Entity Name: UNIVERSITY OF FLORIDA STUDENT CHAPTER OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

UNIVERSITY OF FL. COLLEGE OF VETERINARY
MEDICINE BUILDING
GAINESVILLE, FL 326100125

New Principal Place of Business:

UF COLLEGE OF VETERINARY MEDICINE
2015 SW 16 AVE
GAINESVILLE, FL 32608

Current Mailing Address:

P. O. BOX 105608
GAINESVILLE, FL 32610

New Mailing Address:

FEI Number: 51-0214946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEARS, KELLY
4027 SW 28TH TERRACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

POPE, KENDRA
2976 SW 40TH PLACE
GAINESVILLE, FL 32608 US

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.

SIGNATURE: KENDRA POPE

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SEARS, KELLY
Address: 4027 SW 28TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POPE, KENDRA
Address: 2976 SW 40TH PLACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP () Change (X) Addition
Name: LONDONO, LEO
Address: 3010 SW 23 TERR
City-St-Zip: GAINESVILLE, FL 32608 US

Title: SECR () Change (X) Addition
Name: LOVE, CATRIONA
Address: 4872 NW 42ND RD APT 107
City-St-Zip: GAINESVILLE, FL 32606 US

Title: TRES () Change (X) Addition
Name: KAPLAN-STEIN, SARA
Address: 3920 SW 21 ST
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDRA POPE

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date