

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002087

FILED  
Mar 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

CARTER, BENJAMIN J  
2927 SW 35TH PLACE  
112  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

GONZALEZ, NADYA M  
3605 SW 27TH ST.  
1215  
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: NADYA GONZALEZ

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HENRY, SARAH E  
Address: 3705 SW 27TH ST.  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP  
Name: GOODE, LAUREN  
Address: 2015 SW 16 AVE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: SECR  
Name: FUSTING, MICHELLE  
Address: 2015 SW 16 AVE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: TRES  
Name: GONZALEZ, NADYA M  
Address: 2015 SW 16 AVE  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby 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 all other like empowered.

SIGNATURE: NADYA GONZALEZ

TRES

03/21/2012

Electronic Signature of Signing Officer or Director

Date