SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N98000004615 **DOCUMENT #**

NORTHWEST FLORIDA VETERINARY TECHNICIAN ASSOCIAT ION, INC.

Principal Place of Business

711 NORTH FAIRFIELD DRIVE PENSACOLA FL 32506

Mailing Address

POST OFFICE BOX 30302 PENSACOLA FL 32503

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90267 013 ****71.00





| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 3. Date incorporated or Qualifed 08/11/1998 | |
|---|--|---------------------|------------------------------|---|---------|
| 21 | | 26 | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 4. FEI Number Applied For | |
| 22 | | 27 | | - 65-086256 Not Applica | |
| City & State | 9 | City & State | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | ' |
| Zip | Country | Zip | Country | 6. Election Campaign Financing S5.00 May Be | |
| 24 | 25 | 29 30 | ו | Trust Fund Contribution Added to Fees | |
| | 9. Name and Address of Current | | | 10. Name and Address of New Registered Agent | |
| | | | | MUNETTE FECULO | |
| FALZONE, ROBERT E | | | | LAUDETTE FISCHER ddress (P.O. Bpx Number is Not Acceptable) | |
| 711 NORTH FAIRFIELD DRIVE | | | 82 Street A | 649 HUNTER STREET | |
| PENSACOLA FL 32506 | | | | | |
| FENOAU | DEA 1 E 32300 | | | | |
| | | | 84 City M | ILTON FL 85 32570 | ١ |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617.0503, Florida Statutes. | | | | | |
| SIGNATURE | | | | ISCHER 8-03-99 | Ì |
| SIGNATIONE | Stynature, typed or printed name of registered agent | | gistered Agent signature req | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | ☐ DELETE | 1.1 TITLE | - · - | ויייייי |
| NAME | | | 1.2 NAME | CLAUDETTE FISCHER | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 6549 HUNTER STREET | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | MILTON FL 32570 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Add | noitic |
| NAME | | - د د | 22 NAME | AMY-MG-FARLANE- | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 4279 Avenida De Golf West | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | Pare FL 32571 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Change Add | dition |
| NAME | | | | Sylvia Ramm | |
| STREET ADORESS | | | 3.3 STREET ADDRESS | 2838 VILLAGER CIRCLE | |
| CITY-ST-ZIP | | | | PENSACOLA FL 32504 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Change Add | dition |
| NAME | | | 4. 2 NAME | ISA RODRIQUEZ | 1 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 1356 MILLIE LN | |
| CITY-ST-ZIP | v | | | PACE FL 32571 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | Change Add | dition |
| NAME | | | 5.2 NAME | YIRANDA MONETTE | |
| STREET ADDRESS | | | | 1605 ACORN DR | |
| · 14" | • | | 5.4 CITY-ST-ZIP | PENSACOLA FL 32514 | - |
| CITY-ST-ZIP | · | ☐ DELETE | 6.1 TITLE | Change Add | dition |
| | | | 6.2 NAME | HEATHER BAGINSKI | |
| NAME | | | 63 STREET ADDRESS L | 1697 Magnolia Hill Ct | ļ |
| STREET ADDRESS | | | | PACE FC 37571 | |
| | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 if changed or on an attachment with an address, with all other like empowered.