


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90057 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                |                                                                     |                                                                                   |  |
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| <b>DOCUMENT # N99000006137</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                |                                                                     |  |  |
| <b>1. Entity Name</b><br>FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                |                                                                     |                                                                                   |  |
| <b>Principal Place of Business</b><br>2015 S.W. 16TH AVE.<br>GAINESVILLE, FL 32610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                | <b>Mailing Address</b><br>P.O. 100125<br>GAINESVILLE, FL 32610-0125 |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | <b>3. Mailing Address</b>                                      |                                                                     |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | Suite, Apt. #, etc.                                            |                                                                     |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | City & State                                                   |                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                           | Zip                                                            | Country                                                             | <b>4. FEI Number</b><br>59-3609357                                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                |                                                                     | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                | <b>7. Name and Address of New Registered Agent</b>                  |                                                                                   |  |
| BERNARD, PAMELA J<br>123 TIGERT HALL<br>P.O. BOX 113125<br>GAINESVILLE, FL 32611-3125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                | FL Zip Code                                                         |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                     |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                |                                                                     |                                                                                   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                |                                                                     |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |                                                                                   |  |
| <b>TITLE</b><br>PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NAME</b><br>HOFFSIS, GLEN F    | <input type="checkbox"/> Delete                                | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>STREET ADDRESS</b><br>2015 SW 16TH AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                | <b>NAME</b>                                                         |                                                                                   |  |
| <b>CITY-ST-ZIP</b><br>GAINESVILLE, FL 32610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                | <b>STREET ADDRESS</b>                                               |                                                                                   |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAME</b><br>BARRETT, DOUGLAS L | <input type="checkbox"/> Delete                                | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>STREET ADDRESS</b><br>1600 SW ARCHER RD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                | <b>NAME</b>                                                         |                                                                                   |  |
| <b>CITY-ST-ZIP</b><br>GAINESVILLE, FL 32610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                | <b>STREET ADDRESS</b>                                               |                                                                                   |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAME</b><br>HAVEN, JOHN        | <input type="checkbox"/> Delete                                | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>STREET ADDRESS</b><br>2015 SW 16TH AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                | <b>NAME</b>                                                         |                                                                                   |  |
| <b>CITY-ST-ZIP</b><br>GAINESVILLE, FL 32610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                | <b>STREET ADDRESS</b>                                               |                                                                                   |  |
| <b>TITLE</b><br>EXVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NAME</b><br>THOMPSON, JAMES    | <input type="checkbox"/> Delete                                | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>STREET ADDRESS</b><br>2015 S.W. 16TH AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                | <b>NAME</b>                                                         |                                                                                   |  |
| <b>CITY-ST-ZIP</b><br>GAINESVILLE, FL 32610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                | <b>STREET ADDRESS</b>                                               |                                                                                   |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAME</b><br>OWEN, RAE          | <input type="checkbox"/> Delete                                | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>STREET ADDRESS</b><br>2015 SW 16TH AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                | <b>NAME</b>                                                         |                                                                                   |  |
| <b>CITY-ST-ZIP</b><br>GAINESVILLE, FL 32610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                | <b>STREET ADDRESS</b>                                               |                                                                                   |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAME</b><br>POPPELL, JOHN E    | <input type="checkbox"/> Delete                                | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| <b>STREET ADDRESS</b><br>204 TIGERT HALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                | <b>NAME</b>                                                         |                                                                                   |  |
| <b>CITY-ST-ZIP</b><br>GAINESVILLE, FL 326113100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                | <b>STREET ADDRESS</b>                                               |                                                                                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 all other like empowered.</b> |                                   |                                                                |                                                                     |                                                                                   |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                | 1/3/08 352 392 2213                                                 |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                | Date Daytime Phone #                                                |                                                                                   |  |