

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006137

FILED
Jun 26, 2009
Secretary of State

Entity Name: FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA COLLEGE OF VETERIANR
Y MEDICINE 2015 W 16 AVE
GAINESVILLE, FL 32610

New Principal Place of Business:

UNIV OF FL COLLEGE OF VETERINARY MED
2015 SW 16 AVE
GAINESVILLE, FL 32610

Current Mailing Address:

P.O. 100125
GAINESVILLE, FL 326100125

New Mailing Address:

FEI Number: 59-3609357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAVEN, JOHN III
123 TIGERT HALL
P.O. BOX 113125
GAINESVILLE, FL 326113125 US

Name and Address of New Registered Agent:

HAVEN, JOHN III
123 TIGERT HALL
GAINESVILLE, FL 32611 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:

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFSIS, GLEN F
Address: 2015 SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: BARRETT, DOUGLAS L
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: HAVEN, JOHN
Address: 2015 SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32610

Title: EXVD () Delete
Name: THOMPSON, JAMES
Address: 2015 S.W. 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: OWEN, RAE
Address: 2015 SW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: POPPELL, JOHN E
Address: 204 TIGERT HALL
City-St-Zip: GAINESVILLE, FL 326113100

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARMISTEAD, RUSS
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610

Title: TSD (X) Change () Addition
Name: HAVEN, JOHN
Address: 2015 SW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32610

Title: EXVD (X) Change () Addition
Name: HARVEY, JOHN
Address: 2015 S.W. 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32610

Title: D (X) Change () Addition
Name: HILL, RICHARD
Address: 2015 SW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN HAVEN

TSD

06/26/2009

Electronic Signature of Signing Officer or Director

Date