2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006137

FILED Jan 21, 2011 Secretary of State

Entity Name: FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O. 100125

GAINESVILLE, FL 326100125

FEI Number: 59-3609357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HAVEN, JOHN III 2015 SW 16 AVE

GAINESVILLE, FL 32610 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 HOFFISIS, GLEN F

 Address:
 2015 SW 16TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32610

Title: D

Name: ARMISTEAD, RUSS
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610

Title: TSD

 Name:
 HAVEN, JOHN

 Address:
 2015 SW 16TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32610

Title: EXVD

 Name:
 HARVEY, JOHN

 Address:
 2015 S.W. 16TH AVE.

 City-St-Zip:
 GAINESVILLE, FL 32610

Title:

 Name:
 STONE, AMY

 Address:
 2015 SW 16TH AVE.

 City-St-Zip:
 GAINESVILLE, FL 32610

Title: [

Name: POPPELL, JOHN E Address: 204 TIGERT HALL

City-St-Zip: GAINESVILLE, FL 326113100

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: JOHN HAVEN TSD 01/21/2011