

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90026 045 ****61.25

DOCUMENT # 735698

1. Entity Name
**SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS OF HERNANDO COUNTY, INC.**



Principal Place of Business
**9075 GRANT STREET
BROOKSVILLE, FL 34613 US**

Mailing Address
**P.O. BOX 3161
BROOKSVILLE, FL 34613 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2911261

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORTUNATO, LOIS
5175 MILL AVE
SPRINGHILL, FL 34608**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **RS** ☒ Delete
NAME **PRESNELL, NICHOLE**
STREET ADDRESS **1515 SABRA DR**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **DP** ☐ Change ☒ Addition
NAME **DIANNE LaGrec, Dianne**
STREET ADDRESS **7424 Heather walk DR**
CITY-ST-ZIP **WASHI WASH FL 34613**

TITLE **DP** ☐ Delete
NAME **THORNBURG, PAT**
STREET ADDRESS **4367 BERKELEY HGT AVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **DP** ☐ Change ☒ Addition
NAME **BERRY, Aline**
STREET ADDRESS **8554 Beach Rd**
CITY-ST-ZIP **Spring Hill FL 34606**

TITLE **TDVP** ☐ Delete
NAME **FORTUNATO, LOIS**
STREET ADDRESS **5175 MILL AVE**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **TD** ☒ Change ☐ Addition
NAME **FORTUNATO, LOIS**
STREET ADDRESS **5175 Mill Ave**
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **P** ☒ Delete
NAME **ROCHOW, BEVERLY**
STREET ADDRESS **26135 OLYMPIA RD**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **RS** ☐ Change ☒ Addition
NAME **Mc Cabe, Michele**
STREET ADDRESS **14145 Citrus Way**
CITY-ST-ZIP **Brooksville, FL 34601**

TITLE **CS** ☐ Delete
NAME **MOSIER, CINDY**
STREET ADDRESS **6029 GOLDDUST ROAD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **DP** ☐ Change ☒ Addition
NAME **miner, Lisa**
STREET ADDRESS **455 Cressida Circle**
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **DP** ☐ Delete
NAME **JONES, MARGE**
STREET ADDRESS **5307 SLATER ROAD**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **DP** ☐ Change ☒ Addition
NAME **Figuerola, Sandy**
STREET ADDRESS **455 Cressida Circle**
CITY-ST-ZIP **Spring Hill, FL 34609**

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 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 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 an address, with all other like empowered.

SIGNATURE *Lois Fortunato*

20 Feb 07 (352) 680-7283