

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90014 003 ****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 # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2911261				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTUNATO, LOIS 5175 MILL AVE SPRINGHILL, FL 34608			7. Name and Address of New Registered Agent Name Michele McCabe Street Address (P.O. Box Number is Not Acceptable) 14145 Citrus Way City Brooksville FL 34601		
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 Michele McCabe - President DATE 2/8/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	RS PRESNELL, NICHOLE 1515 SABRA DR BROOKSVILLE, FL 34601	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCabe Michele 14145 Citrus Way Brooksville, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNBURG, PAT 4367 BERKELEY HGT AVE SPRING HILL, FL 34606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Baack, Linda 10486 Mahoning Ave Brooksville, FL 34614	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP FORTUNATO, LOIS 5175 MILL AVE SPRING HILL, FL 34608	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Sackson, Kathi 10213 Labrador Duck Rd Brooksville, FL 34614	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHOW, BEVERLY 26135 OLYMPIA RD BROOKSVILLE, FL 34613	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES Rance, Lindsay 12392 Wigley Ave Weeki Wachee, FL 34613	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MOSIER, CINDY 6029 GOLDDUST ROAD BROOKSVILLE, FL 34601	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Berey, Aline 8554 Beach Rd Spring Hill, FL 34606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, MARGE 5307 SLATER ROAD SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tanuzzi, AL 11310 Collingswood Spring Hill, FL 34608	☐ Change ☒ Addition
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: Michele McCabe			2/8/08 352-796-8933		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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ATTACHMENT

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City & State		City & State		4. FEI Number 59-2911261	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNBURG, PAT 4367 BERKELEY HGT AVE SPRING HILL, FL 34606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lambertsen, Charlene 5348 Slater RD SPRING HILL FL 34608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP FORTUNATO, LOIS 5175 MILL AVE SPRING HILL, FL 34608	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHOW, BEVERLY 26135 OLYMPIA RD BROOKSVILLE, FL 34613	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MOSIER, CINDY 6029 GOLDDUST ROAD BROOKSVILLE, FL 34601	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					