2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-19-2008 90014 003 ****61.25

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1. Entity Name

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF HERNANDO COUNTY, INC.



ANIMALS	OF HERNANDO COUNTY	Y, INC.	7					
Principal Plac 9075 GRANT BROOKSVILL		Mailing Address P.O. BOX 3161 BROOKSVILLE, FL 3461	3 US	40021				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02052008 _{CI}	ng-NP CR2E	037 (12/06)		
City & Stat	e	City & State		4. FEI Number 59-291126			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere	d Agent		
FORTUNA 5175 MILL	•			Chee MG (P.O. Box Number is I	PCouse Not Acceptable)			
	ILL, FL 34608		ITITI	Citeus				
· :.	·		CitiPaga	xsville	F	L 3000	 501	
	named entity submits this statement for	or the purpose of changing its re	egistered office or regist		the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Lions of registered agent. Lichael Licas Signature, typed or printed name of registered agent	3E-RESIDEA	Registered Agent signature requir	rate (when coordinate)	2/8	08		
	Organization, open or purity of regulated agent	taro ike « appicable. (NOTE. I	registered Agent signature requir	ou who i rehald(rig)	I DAIL			
	Filing Fee is \$61.25 Due by May 1, 2008		Campaign Financing S5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DI	IRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PRESNELL, NICHOLE 1515 SABRA DR BROOKSVILLE, FL 34601	Delete	1111	cabe Hi 145 Citrus 200KSUIIE.	chele way 11 34601	- Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNBURG, PAT 4367 BERKELEY HGT AVE SPRING HILL, FL 34606	Delete	10	ADCK. LING 486 HONG DOKSVITE,	daing Aue TI 34614	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP FORTUNATO, LOIS 5175 MILL AVE SPRING HILL, FL 34608	Delete	STREET ADDRESS CITY-ST-ZIP	ackson, K 213 Labr 200ksville	athi adoe Ouck 1710 346	Change Rd 14	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHOW, BEVERLY 26135 OLYMPIA RD BROOKSVILLE, FL 34613	Delete	CITY-ST-ZIP	eeki rooche 245 rooid 70ce rivi	dsay 1ey Ave E, 71 3461	□ Change	Addition	
TITLE NAME STREET ADDRESS	CS MOSIER, CINDY 6029 GOLDDUST ROAD	Delete	STREET ADDRESS STREET	erey, Al	ine ich Rd :tl. 3460	☐ Change	Addition	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CI11-31-21P 3F	-KIIVO HTILI	Hr. STUD	φ		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKSVILLE, FL 34601 DP JONES, MARGE 5307 SLATER ROAD. SPRING HILL, FL 34608	☐ Delete	TITLE TO THE TOTAL THE TOT	aduzzi 210 collin	AL	☐ 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!

GNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

352-796-8933

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ATTACHMENT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #

•	ANŅUAL	REPORT			7(11)	A: 114: 25: 4 .				
DOCUMENT # 735698 1. Entity Name SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF HERNANDO COUNTY, INC.										
Principal Place 9075 GRANT BROOKSVILL	STREET	Mailing Address P.O. BOX 3161 BROOKSVILLE, FL 346	•			07-001	(.			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			- 4ac	40027374				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02052008 _{CI}	02052008 Chg-NP CR2E037 (12/06)				
City & State	9	City & State			4. FEI Number 59-291126	1		plied For t Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of St	5. Certificate of Status Desired \$8.75 Additional Fee Required				
- <u>-</u>	6. Name and Address of Current	Registered Agent		Nome	7. Name and Add	ress of New Registered	Agent			
FORTUNA 5175 MILL	AVE			Name Street Address (P.O. Box Number is Not Acceptable)						
SPRINGH	LL, FL 34608		}							
			}	City		FL	Zip Code	9		
	named entity submits this statement for	or the purpose of changing its	registere	d office or reg	gistered agent, or both, in		familiar with,	and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and trille if applicable. (NOTE	:: Registered	Agent signature re	rquired when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C		~ —	\$5.00 May Be Added to Fees	Make chec Florida Depai	k payable to tment of St			
TITLE	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10 Addition		
NAME STREET ADDRESS CITY-ST-ZIP	PRESNELL, NICHOLE 1515 SABRA DR BROOKSVILLE, FL 34601	Delete	NAME STREE	T ADDRESS	PRING HILL 110 NEW H	tsource of	Change) Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNBURG, PAT 4367 BERKELEY HGT AVE SPRING HILL, FL 34606	Delete		T ADDRESS	онрев+ге. D	Vichaelene ter RD te 346	_	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	TDVP FORTUNATO, LOIS 5175 MILL AVE SPRING HILL, FL 34608	The Desire		IT ADORESS ST-ZIP	-		☐ Change	Addition .		
TITLE NAME STREET ADORESS CITY-ST-ZIP	P ROCHOW, BEVERLY 26135 OLYMPIA RD BROOKSVILLE, FL 34613	\(\begin{array}{c} \overline{\text{Delete}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MOSIER, CINDY 6029 GOLDDUST ROAD BROOKSVILLE, FL 34601	Delete		T ADDRESS ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, MARGE 5307 SLATER ROAD SPRING HILL, FL 34608	☐ Delete		T AUDRESS ST-ZIP			☐ Change	☐ Addition		
indicated of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that in owered to execute this report	ny signati as requir	ure shall have	the same legal effect as	if made under oath; that I	am an officer	or director		