


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90010 004 ****61.25

DOCUMENT # N99000006556
1. Entity Name
SPCA OF MARION COUNTY, INC.



Principal Place of Business Mailing Address
P.O. BOX 76205 P.O. BOX 76205
OCALA FL 34481 OCALA FL 34481

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3616029** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LANE, THOMAS DR.
17200 SE 58TH LANE
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent
Name **Jodi Szymanski**
Street Address (P.O. Box Numbers Not Acceptable) **9035 #B SW 94th St**
City **Ocala** FL Zip Code **34481**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LANE, THOMAS DR.	
STREET ADDRESS	17200 S.E. 58TH LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SZYMANSKI, JODI	
STREET ADDRESS	9035 #B SW 94TH ST	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLINCH, JUDY	
STREET ADDRESS	13049 S.E. 105TH COURT	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWER, CATHERINE	
STREET ADDRESS	8501 #B SW 93RD LANE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Robert Krieger	
STREET ADDRESS	10960 S.W. 90th Court	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine U Brower 1-19-05 352-237-7787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #