


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-09-2006 90021 042 ****61.25

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



Principal Place of Business Mailing Address
 8501 SW 93RD LN UNIT B 8501 SW 93RD LN UNIT B
 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 (10/05)

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
SZYMANSKI, JODI
9035 B SW 94TH ST
OCALA FL 34481

7. Name and Address of New Registered Agent
 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 Jodi Szymanski *Jodi Szymanski* 1/26/06
Signature, typed or printed name of registered agent and how it applies (NOTE: Registered Agent signature required when re-registering) DATE
President

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	SD CLINCH, JUDY 13049 S.E. 105TH COURT OCKLAWAHA FL 32179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>Treas</i> NAME STREET ADDRESS CITY-ST-ZIP	TD BROWER, CATHERINE 8501 #B SW 93RD LANE OCALA FL 34481 <i>Treasurer</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRIEDER, ROBERT 10960 SW 90TH COURT OCALA FL 34481 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>Sec</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>West, Doris</i> 8875 #A S.W. 98th St Ocala, FL 34481 <i>Secretary</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>V.P.</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Nicholls, Jeanne</i> 8701 #3 S.W. 94th St Ocala, FL 34481 <i>Vice President</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jodi Szymanski* Jodi Szymanski 1/26/06 352-8649765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #



ATTACHMENT

66002862

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

SPCA OF MARION COUNTY, INC.
8501 SW 93RD LN UNIT B
OCALA, FL 34481

Subject: SPCA OF MARION COUNTY, INC.

Reference Number: N99000006556

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION