

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006556

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SPCA OF MARION COUNTY, INC.

**Current Principal Place of Business:**

8501 SW 93RD LN UNIT B  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8501 SW 93RD LN UNIT B  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 59-3616029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BROWER, CATHERINE  
Address: 8501 #B SW 93RD LANE  
City-St-Zip: Ocala, FL 34481

Title: S ( ) Delete  
Name: LORD, THERESA  
Address: 8598 SW 60TH CIR  
City-St-Zip: Ocala, FL 34476

Title: VP ( ) Delete  
Name: NICHOLLS, JEANNE  
Address: 8701 #F, SW 94TH ST  
City-St-Zip: Ocala, FL 34481

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE BROWER

T

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date