

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009978

Entity Name: S P C A OF OCALA, INC**Current Principal Place of Business:**6900 NE JACKSONVILLE RD PMB 024
OCALA, FL 34479**Current Mailing Address:**6900 N E JACKSONVILLE RD
PMB 024
OCALA, FL 34479 US**FEI Number:** 04-3779732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARON, LILLY
6900 NE JACKSONVILLE RD PMB 024
OCALA, FL 34479 US*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**Officer/Director Detail :**

Title PRESIDENT, EXECUTIVE DIRECTOR
Name BARON, LILLY
Address 6900 NE JACKSONVILLE RD PMB 024
City-State-Zip: Ocala FL 34479

Title VICE PRESIDENT
Name NEGRON, ANGELA
Address 6900 NE JACKSONVILLE RD PMB 024
City-State-Zip: Ocala FL 34479

Title 2ND VICE PRESIDENT
Name GAMBERINO, ELIZABETH A
Address 6900 NE JACKSONVILLE RD PMB 024
City-State-Zip: Ocala FL 34479

Title TREASURER
Name VAUGHNS, VINCENT B
Address 6900 NE JACKSONVILLE RD PMB 024
City-State-Zip: Ocala FL 34479

Title SECRETARY
Name HORVATH, DEBORAH
Address 6900 NE JACKSONVILLE RD PMB 024
City-State-Zip: Ocala FL 34479

I hereby 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 all other like empowered.

SIGNATURE: LILLY BARON**PRESIDENT****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date