

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009473

**Entity Name:** MISFIT SPAY/NEUTER CLINIC, INC.

**Current Principal Place of Business:**

220 N. ROCKINGHAM AVE.  
TAVARES, FL 32778

**Current Mailing Address:**

220 N. ROCKINGHAM AVE.  
TAVARES, FL 32778

**FEI Number:** 47-5181298

**Certificate of Status Desired:** No

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

WEBER, BRENDA J  
17500 TUSCANOOGA RD.  
GROVELAND, FL 34736 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 P  
Name WEBER, BRENDA J  
Address 17500 TUSCANOOGA RD.  
City-State-Zip: GROVELAND FL 34736

Title VP  
Name WEBER, HALIE J  
Address 17500 TUSCANOOGA RD.  
City-State-Zip: GROVELAND FL 34736

Title T  
Name WEBER, KENT D  
Address 17500 TUSCANOOGA RD.  
City-State-Zip: GROVELAND FL 34736

Title D  
Name FOLEY, MATTIE J  
Address 5129 LAKE NINA DR.  
City-State-Zip: ORLANDO FL 32810

Title D  
Name SHANK, STEVE  
Address 306 FOREST RD.  
City-State-Zip: MOUNT DORA FL 32757

*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:** KENT WEBER

**TREASURER**

**05/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date