

2018 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 GOFF, DEBBIE
Address 3792 YOTHERS RD.
City-State-Zip: APOPKA FL 32712

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 D. WEBER

TREASURER

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date