2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900006556

Entity Name: SPCA OF MARION COUNTY, INC.

Current Principal Place of Business:

11100 SW 93RD CT. RD. SUITE 10-115 OCALA, FL 34481-0985

Current Mailing Address:

11100 SW 93RD CT. RD. SUITE 10-115 OCALA, FL 34481-0985 US

FEI Number: 59-3616029

Name and Address of Current Registered Agent:

GAJEWSKI, PAULA 8683 SW 93RD LANE UNIT E OCALA, FL 34481 US Certificate of Status Desired: No

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 | E PAULA E GAJEWSKI | | | 01/24/2019 |
|---------------------------|--|-----------------|---------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | TREASURER | Title | CORRESPONDING SECRETAR | Υ |
| Name | SARNS HOLIDAY, EVELYN | Name | VITTITOW, MELANIE | |
| Address | 8880 SW 94TH STREET, UNIT C | Address | 8532 SW 93RD PLACE UNIT F | |
| City-State-Zip: | OCALA FL 34481 | City-State-Zip: | OCALA FL 34481 | |
| Title | PRESIDENT | Title | VP | |
| Name | LUDMER, JACQUELINE | Name | WOLF, SANDRA | |
| Address | 8832 SW 94 LANE UNIT B | Address | 9749 SW 89TH LOOP | |
| City-State-Zip: | OCALA FL 34481 | City-State-Zip: | OCALA FL 34481 | |

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: EVELYN SARNS HOLIDAY

TREASURER.

01/24/2019

Electronic Signature of Signing Officer/Director Detail

FILED Jan 24, 2019 Secretary of State 4874329242CC