## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF CENTRAL FLORIDA (S.P.C.A. OF CENTRAL FLORIDA



Principal Place of Business

2727 CONROY ROAD ORLANDO, FL 32839-2162 Mailing Address 2727 CONROY ROAD ORLANDO, FL 32839-2162



## DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-0637883

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATZICK, CYNTHIA 75 S. IVANHOE BLVD. ORLANDO, FL 32804

## DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS			<del></del>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWINGER, JANA 1624 PARK LAKR ST ORLANDO, FL 32803			U00000590783 01/18/07-80070-005 61.25							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURLESON, LINDA 2727 CONROY ROAD ORLANDO, FL 328392162		U1/18/U7-8U070-005 61.25								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIMER, MARK 8 N. STEWART AVE KISSIMMEE, FL 34741		DO NOT WRITE								
TITLE NAME STREET ADORESS CITY-ST-ZIP	S BABITT, RANDY 5093 BLACKWELL KN SANFORD, FL 32771		IN THIS SPACE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATZICK, CYNTHIA 75 S IVANHOE BLVD ORLANDO, FL 32804										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	·							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											