

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90041 043 ****61.25

DOCUMENT # 700877					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0637883				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATZICK, CYNTHIA 75 S. IVANHOE BLVD. ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME LOEWINGER, JANA STREET ADDRESS 1624 PARK LAKR ST CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BURLESON, LINDA STREET ADDRESS 2727 CONROY ROAD CITY-ST-ZIP ORLANDO, FL 328392162	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME LOUNSBERRY, BRENDA STREET ADDRESS 6207 ANDREOZZI LN CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME WEIMER, MARK STREET ADDRESS 8 N. STEWART AVE CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE CHAIR, BOARD OF DIRECTORS NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BABITT, RANDY STREET ADDRESS 5093 BLACKWELL KN CITY-ST-ZIP SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME HILYARD, DONNA STREET ADDRESS 1853 WINGFIELD DR CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME MATZICK, CYNTHIA STREET ADDRESS 75 S IVANHOE BLVD CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE VICE CHAIR, BOARD OF DIRECTORS NAME MADSON III, TORBEN STREET ADDRESS 2625 NELA AVE CITY-ST-ZIP BELLE ISLE, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					