

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700877

FILED  
Aug 26, 2009  
Secretary of State

**Entity Name:** SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF CENTRAL FLORIDA (S.P.C.A. OF CENTRAL FLORIDA), INC.

**Current Principal Place of Business:**

2727 CONROY ROAD  
ORLANDO, FL 328392162

**New Principal Place of Business:**

**Current Mailing Address:**

2727 CONROY ROAD  
ORLANDO, FL 328392162

**New Mailing Address:**

**FEI Number:** 59-0637883      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LOEWINGER, JANA  
Address: 1624 PARK LAKR ST  
City-St-Zip: ORLANDO, FL 32803

Title: T      ( ) Delete  
Name: LOUNSBERRY, BRENDA  
Address: 6207 ANDREOZZI LN  
City-St-Zip: WINDERMERE, FL 34786

Title: CBOD      ( ) Delete  
Name: WEIMER, MARK  
Address: 8 N. STEWART AVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: S      ( ) Delete  
Name: HILYARD, DONNA  
Address: 1853 WINGFIELD DR  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: MATZICK, CYNTHIA  
Address: 75 S IVANHOE BLVD  
City-St-Zip: ORLANDO, FL 32804

Title: VC      ( ) Delete  
Name: MADISON, III, TORBEN  
Address: 2625 NELA AVE  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TORBEN MADISON, III

VC

08/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date