

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90513 050 *****61.25

DOCUMENT # 739762

1. Entity Name
**SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS
OF VOLUSIA, INC.**



Principal Place of Business
**321 EAST OAKDALE
DELAND, FL 32720**

Mailing Address
**P.O. BOX 1411
ORANGE CITY, FL 32774**

50045151



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1924966

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMBS, SALLIE
321 EAST OAKDALE
DELAND, FL 32720**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DETHOMAS, KAREN	
STREET ADDRESS	321 EAST OAKDALE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEMEN, MINDY	
STREET ADDRESS	321 EAST OAKDALE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	P	<input type="checkbox"/> Delete
NAME	COMBS, SALLI	
STREET ADDRESS	321 EAST OAKDALE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Collis	
STREET ADDRESS	321 East Oakdale	
CITY-ST-ZIP	Deland, FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H.O. Kleindorff	
STREET ADDRESS	321 East Oakdale	
CITY-ST-ZIP	Deland, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Salli Combs Salli Combs

04-02-05 386-748-8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #