

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739762

FILED  
Sep 14, 2007  
Secretary of State

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

**Current Principal Place of Business:**

321 EAST OAKDALE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1411  
ORANGE CITY, FL 32774

**New Mailing Address:**

**FEI Number:** 59-1924966      **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:**

COMBS, SALLIE  
321 EAST OAKDALE  
DELAND, FL 32720      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: COLLIS, JAMIE  
Address: 321 EAST OAKDALE  
City-St-Zip: DELAND, FL 32720

Title: D      ( ) Delete  
Name: KLEINDENT, H. D.  
Address: 321 EAST OAKDALE  
City-St-Zip: DELAND, FL 32720

Title: P      ( ) Delete  
Name: COMBS, SALLI  
Address: 321 EAST OAKDALE  
City-St-Zip: DELAND, FL 32720

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

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

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

Title: P      (X) Change ( ) Addition  
Name: COMBS, SALLIE  
Address: 321 EAST OAKDALE  
City-St-Zip: DELAND, FL 32720

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: SALLIE COMBS

P

09/14/2007

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

\_\_\_\_\_  
Date