

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739762

FILED
Apr 28, 2008
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 ()

Name and Address of Current Registered Agent:

COMBS, SALLIE
321 EAST OAKDALE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

COMBS, SALLI
321 EAST OAKDALE
DELAND, FL 32720 US

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: SALLI COMBS

04/28/2008

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, SALLIE
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, SALLI
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: SALLI COMBS

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date