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May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749009** (7)

1. Corporation Name

S.P.C.A. OF NORTH BREVARD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6162
TITUSVILLE FL 32782

P.O. BOX 6162
TITUSVILLE FL 32782-6162



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/20/1979

3a. Date of Last Report
02/06/1996

4. FEI Number
59-1989109

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**COPELAND, DEBORAH J
4500 BURKHOLM ROAD
MIMS FL 32754**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES C	
STREET ADDRESS	1922 DIPOL CTWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIBACCO, MARY K.	
STREET ADDRESS	2365 SOUTHWEST CIRCLE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COPELAND, DEBORAH J	
STREET ADDRESS	PO BOX 207	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANKIN, SYLVIA	
STREET ADDRESS	900 HIGHLAND TERRACE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rogers, James C.	
1.3 STREET ADDRESS	1922 Dipol Ctwy	
1.4 CITY-ST-ZIP	Titusville, FL.	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dibacco, Kofil, Mary K.	
2.3 STREET ADDRESS	2365 Southwest Circle	
2.4 CITY-ST-ZIP	Titusville, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Copeland, Deborah J.	
3.3 STREET ADDRESS	4500 Burkholm Rd.	
3.4 CITY-ST-ZIP	Mims, FL. 32754	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input checked="" type="checkbox"/> V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Phillips, Joyce	
5.3 STREET ADDRESS	1834 Park Av.	
5.4 CITY-ST-ZIP	Titusville, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97

Date

407 2678221

Daytime Phone # 0015190

CR2E037 (9/96)