


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749009 (7) 1. Corporation Name S.P.C.A. OF NORTH BREVARD, INC.					
Principal Place of Business P.O. BOX 6162 TITUSVILLE FL 32782			Mailing Address P.O. BOX 6162 TITUSVILLE FL 32782		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1989109	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent COPELAND, DEBORAH J 4500 BURKHOLM ROAD MIMS FL 32754				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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: <u>Deborah J Copeland</u> <u>DEBORAH J COPELAND</u> 1-6-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	ROGERS, JAMES C				
STREET ADDRESS	1922 DIPOL CTWY				
CITY-ST-ZIP	TITUSVILLE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	DIBACCO-KOFIL, MARY K				
STREET ADDRESS	2365 SOUTHWEST CIR				
CITY-ST-ZIP	TITUSVILLE FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	COPELAND, DEBORAH J				
STREET ADDRESS	4500 BURHOLM RD				
CITY-ST-ZIP	MIMS FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	RANKIN, SYLVIA				
STREET ADDRESS	900 HIGHLAND TERRACE				
CITY-ST-ZIP	TITUSVILLE FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	PHILLIPS, JOYCE				
STREET ADDRESS	1834 PARK AVE.				
CITY-ST-ZIP	TITUSVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Di Bacco-Kofil, Mary K.					
1.3 STREET ADDRESS 2365 Southwest Cir					
1.4 CITY-ST-ZIP Titusville, FL.					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME D					
4.3 STREET ADDRESS Smart, Rene					
4.4 CITY-ST-ZIP 6412 Windover Way					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
6.2 NAME B					
6.3 STREET ADDRESS Surton, Maureen					
6.4 CITY-ST-ZIP 2444 East Semoran Blvd.					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Deborah J Copeland DEBORAH J COPELAND 1-6-98 (407) 2672262

CR2E037 (10/97)