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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749009

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 Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROGERS, JAMES C
STREET ADDRESS 1922 DIPOL CTWY
CITY-ST-ZIP TITUSVILLE FL

☒ DELETE

1.1 TITLE PD
1.2 NAME Kofik Mary K.
1.3 STREET ADDRESS 2365 Southwest Cir.
1.4 CITY-ST-ZIP Titusville FL 32780

☒ Change ☐ Addition

TITLE SD
NAME DIBACCO-KOFIL, MARY K
STREET ADDRESS 2365 SOUTHWEST CIR
CITY-ST-ZIP TITUSVILLE FL

☒ DELETE

2.1 TITLE D
2.2 NAME Phillips, Joyce
2.3 STREET ADDRESS 1834 Park Ave
2.4 CITY-ST-ZIP Titusville FL 32780

☒ Change ☐ Addition

TITLE D
NAME COPELAND, DEBORAH J
STREET ADDRESS 4500 BURKHOLM RD
CITY-ST-ZIP MIMS FL

☐ DELETE

3.1 TITLE T.
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RANKIN, SYLVIA
STREET ADDRESS 900 HIGHLAND TERRACE
CITY-ST-ZIP TITUSVILLE FL

☒ DELETE

4.1 TITLE SD
4.2 NAME Renee Smart
4.3 STREET ADDRESS 6412 Windover Way
4.4 CITY-ST-ZIP Titusville, FL. 32780

☒ Change ☐ Addition

TITLE DV
NAME PHILLIPS, JOYCE
STREET ADDRESS 1834 PARK AVE.
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Deborah J. Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-999

Date

407 267 226 2

Daytime Phone #

CR2E037 (1/198)