

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90055 027 ****61.25

DOCUMENT # 749009

1. Entity Name

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



Principal Place of Business

**455 CHENEY HIGHWAY
TITUSVILLE FL 32780**

Mailing Address

**P.O. BOX 6162
TITUSVILLE FL 32782**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1989109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **COPELAND, DEBORAH J**
STREET ADDRESS **4500 BURKHOLM RD**
CITY-ST-ZIP **MIMS FL**

TITLE **D. JILL A. CRAIG** ☐ Change ☒ Addition
NAME **4270 Burkholm Rd.**
STREET ADDRESS **Mims FL 32754**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SMART, RENEE**
STREET ADDRESS **6412 WINDOVER WAY**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D. Sandra Roberts** ☐ Change ☒ Addition
NAME **3071 Greenturtle Circle**
STREET ADDRESS **Mims FL 32754**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **DOLLMATSCH, ARTHUR**
STREET ADDRESS **4557 HELENA DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SIME, CAROLE**
STREET ADDRESS **2404 DEVONSWOOD RD**
CITY-ST-ZIP **TITUSVILLE FL 32781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LEWIS, TONI**
STREET ADDRESS **3455 TARRAGON ST**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Deborah J. Copeland* **Deborah J. Copeland** 21604 321 3672262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #