2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#749009

FILED Mar 01, 2006 Secretary of State

Entity Name: S.P.C.A. OF NORTH BREVARD, INC.

Current Principal Place of Business: New Principal Place of Business:

455 CHENEY HIGHWAY TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

P.O. BOX 6162 P.O. BOX 5513

TITUSVILLE, FL 32782 TITUSVILLE, FL 32783

FEI Number: 59-1989109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOLLMATSCH, ARTHUR M 4557 HELENA DRIVE TITUSVILLE, FL 32780

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

COPELAND, DEBORAH J CRAIG, JILL Name: Name:

4500 BURHOLM RD Address: 4270 BURHOLM RD Address: City-St-Zip: MIMS, FL City-St-Zip: MIMS, FL

Title: SD Title: SD (X) Change () Addition () Delete

SMART, RENEE Name: ROBERTS, SANDRA Name: Address: 6412 WINDOVER WAY Address: 3495 TRAVIS City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

Title: () Delete Title: () Change () Addition

DOLLMATSCH, ARTHUR Name: Name:

Address: 4557 HELENA DR Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

Name: SIME, CAROLE Name: 2404 DEVONSWOOD RD Address: Address: City-St-Zip: TITUSVILLE, FL 32781 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CRAIG, JILL A COX, KEITH Name: Name: 4270 BURKHOLM RD. 2530 JEAN ST Address: Address: TITUSVILLE, FL 32780 City-St-Zip: MIMS, FL 32754 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ROBERTS, SANDRA SMART RENEE Name: Name: Address: 3071 GREENTURTLE CIRCLE. Address: 6412 WINDOVER WAY MIMS, FL 32754 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR DOLLMATSCH PD 03/01/2006