

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 21, 2007
Secretary of State**

DOCUMENT# 749009

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

Current Principal Place of Business:455 CHENEY HIGHWAY
TITUSVILLE, FL 32780**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 5513
TITUSVILLE, FL 32783**New Mailing Address:**

FEI Number: 59-1989109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COX, MORRIS K
2530 JEAN ST
TITUSVILLE, FL 32780 US**Name and Address of New Registered Agent:**

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:Title: PD () Delete
Name: COX, MORRIS K
Address: 2530 JEAN STREET
City-St-Zip: TITUSVILLE, FL 32780Title: VP () Delete
Name: SIME, CAROLE
Address: 2404 DEVONSWOOD ROAD
City-St-Zip: TITUSVILLE, FL 32780Title: ST () Delete
Name: CRAIG, JILL
Address: 4270 BURKHOLM ROAD
City-St-Zip: MIMS, FL 32754Title: T () Delete
Name: DOLLMATSCH, ARTHUR
Address: 4557 HELENA DRIVE
City-St-Zip: TITUSVILLE, FL 32780Title: D () Delete
Name: SMART, RENEE S
Address: 6412 WINDOVER HWY
City-St-Zip: TITUSVILLE, FL 32780Title: D (X) Delete
Name: O'NEILL, JAMIE
Address: 4076 FITZROY DR.
City-St-Zip: MIMS, FL 32754**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD (X) Change () Addition
Name: JAMIE, O'NEILL
Address: 4076 FITZRO
City-St-Zip: MIMS, FL 32754Title: SD (X) Change () Addition
Name: CRAIG, JILL
Address: 4270 BURKHOLM ROAD
City-St-Zip: MIMS, FL 32754Title: D (X) Change () Addition
Name: CAROLE, SIME
Address: 2404 DEVONSWOOD
City-St-Zip: TITUSVILLE, FL 32780Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MORRIS K COX

P

05/21/2007

Electronic Signature of Signing Officer or Director

Date