
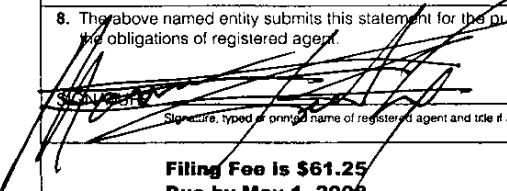
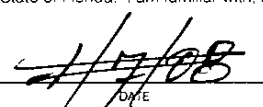
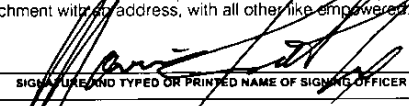


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90107 003 \*\*\*\*61.25

<b>DOCUMENT # 749009</b> 1. Entity Name <b>S.P.C.A. OF NORTH BREVARD, INC.</b>					
Principal Place of Business <b>455 CHENEY HIGHWAY TITUSVILLE, FL 32780</b>			Mailing Address <b>P.O. BOX 5513 TITUSVILLE, FL 32783</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1989109</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COX, MORRIS K 2530 JEAN ST TITUSVILLE, FL 32780</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">   <b>SIGNED IN ERROR SEE #12</b> </div> <div style="text-align: center;">   <b>1/7/08</b> </div> </div> <p style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, MORRIS K		NAME	KATHRYN WARREN	
STREET ADDRESS	2530 JEAN STREET		STREET ADDRESS	4385 FAY BLVD.	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	COCOA, FL 32927	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE, O'NEILL		NAME	KRISTAN O'KEEFE	
STREET ADDRESS	4076 FITZRO		STREET ADDRESS	200 BERMUDA ST	
CITY-ST-ZIP	IMS, FL 32754		CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, JILL		NAME	NANCY EBERLIN	
STREET ADDRESS	4270 BURKHOLM ROAD		STREET ADDRESS	2825 NIGHT HERON DR.	
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP	MIMS, FL 32754	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLE, SIME		NAME		
STREET ADDRESS	2404 DEVONSWOOD		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMART, RENEE S		NAME		
STREET ADDRESS	6412 WINDOVER HWY		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>MORRIS K. COX</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/7/08</b> Daytime Phone # <b>321-302-2369</b>		