2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #749009** 1. Entity Name S.P.C.A. OF NORTH BREVARD, INC. 08 JUL 22 AM 9: 39 Principal Place of Business Mailing Address **455 CHENEY HIGHWAY** P.O. BOX 5513 TITUSVILLE, FL 32783 TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1989109 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX, MORRIS K **2530 JEAN ST** Street Add TITUSVILLE, FL 32780 Zip Code 3279 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Addition EDERLIN, NANCY 2825 NIGHT HERON DR COX, MORRIS K NAME NAME STREET ADDRESS 2530 JEAN STREET STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition KOHLER, WALLY WARREN, KATHRYN NAME NAME 4490 ELLIOT AVE 32790 STREET ADDRESS 4385 FAY BLVD STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP SD ☐ Change TITLE ☐ Delete TITLE Addition O'KEEFE, KRIGHAN CRAIG, JILL NAME NAME 200 BERMURA St. STREET ADDRESS 4270 BURKHOLM ROAD STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 CITY-ST-ZIP Titusville, FL 32780 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition CAROLE, SIME NAME 000133394520 07/24/08--01029--016 **61 NAME STREET ADDRESS 2404 DEVONSWOOD STREET ADDRESS **81.25 CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SMART, RENEE S NAME NAME 6412 WINDOVER HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition EBERLIN, NANCY NAME NAME STREET ADDRESS 2825 NIGHT HERON DR STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 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 afficient with an address, with all other like empowered.