

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90095 012 ****61.25

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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



☐ CHECK HERE IF MAKING CHANGES

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TD	COPELAND, DEBORAH J	4500 BURKHOLM RD	MIMS FL	<input type="checkbox"/>	VA	CAROLE SIME	2404 Devonswood Rd.	Titusville, FL 32780	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	SMART, RENEE	6412 WINDOVER WAY	TITUSVILLE FL 32780	<input type="checkbox"/>	D	TONI LEWIS	3455 Tarragon St.	Cocoa, FL 32926	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	DOLLMATSCH, ARTHUR	4557 HELENA DR	TITUSVILLE FL 32780	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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** 1-3003 321 2672262

CR2E037 (10/02)