

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001748

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE SOCIETY FOR PREVENTION OF CRUELTY TO PATIENTS, INC.

Current Principal Place of Business:

4319 19TH AVE W
BRADENTON, FL 34209

New Principal Place of Business:

3129 TAMIAMI TRAIL
UNIT D1
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2615 60TH ST W
BRADENTON, FL 34209

New Mailing Address:

3129 TAMIAMI TRAIL
UNIT D1
PORT CHARLOTTE, FL 33952

FEI Number: 65-0996420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRONSTORFF, CAROL
2615 60TH ST W
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

REID, SUZANNE
3129 TAMIAMI TRAIL
UNIT D1
PORT CHARLOTTE, FL 33952 US

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: SUZANNE RIED

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TISDALE, ROBERT
Address: 2711 1ST AVE W
City-St-Zip: BRADENTON, FL 34205

Title: DVS () Delete
Name: STRONSTORFF, CAROL
Address: 2615 60TH ST W
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: RUF, WALTER
Address: ABTEISTR. 38
City-St-Zip: BENDORF GERMANY,

Title: D/P () Delete
Name: STRONSTORFF, ALBERT
Address: 809 OLIVE ST.
City-St-Zip: FLORENCE, NJ 08518

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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 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 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: CAROL STRONSTORFF

VP

04/28/2005

Electronic Signature of Signing Officer or Director

Date