

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90018 035 ****61.25

DOCUMENT # N03000005071

1. Entity Name

SPAY/NEUTER COALITION, INC.



Principal Place of Business

7610 DAVIS BLVD.
NAPLES FL 34104

Mailing Address

7610 DAVIS BLVD.
NAPLES FL 34104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

05-1195276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, VARDA J
7610 DAVIS BLVD.
NAPLES FL 34104

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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

TITLE PD ☐ Delete
NAME WALTERS, VARDA J
STREET ADDRESS 7610 DAVIS BLVD.
CITY-ST-ZIP NAPLES FL 34104

TITLE VD ☐ Delete
NAME BOLEN, AMY
STREET ADDRESS 616 PUTTER PT. PLACE
CITY-ST-ZIP NAPLES FL 34103

TITLE TD ☐ Delete
NAME FIELDS, MELANIE J
STREET ADDRESS 3711 31ST AVE. S.W.
CITY-ST-ZIP NAPLES FL 34117

TITLE SD ☐ Delete
NAME WRIGHT, STEPHEN
STREET ADDRESS 370 AIRPORT RD. N.
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ Delete
NAME SCHULTE, SUE
STREET ADDRESS 490 PALM CIRCLE W.
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Melanie Jane Fields **MELANIE FIELDS** 3-11-04 (239) 353-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #