

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005071

FILED  
Mar 27, 2005  
Secretary of State

Entity Name: SPAY/NEUTER COALITION, INC.

## Current Principal Place of Business:

7610 DAVIS BLVD.  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

7610 DAVIS BLVD.  
NAPLES, FL 34104

## New Mailing Address:

3711 31ST AVENUE S.W.  
NAPLES, FL 34117

FEI Number: 65-1195276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALTERS, VARDA J  
7610 DAVIS BLVD.  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

WALTERS, VARDA J  
3301 TAMIAMI TRAIL EAST  
BLDG H, 3RD FLOOR  
NAPLES, FL 34112 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:

03/27/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALTERS, VARDA J  
Address: 7610 DAVIS BLVD.  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: BOLEN, AMY  
Address: 616 PUTTER PT. PLACE  
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete  
Name: FIELDS, MELANIE J  
Address: 3711 31ST AVE. S.W.  
City-St-Zip: NAPLES, FL 34117

Title: SD ( ) Delete  
Name: WRIGHT, STEPHEN  
Address: 370 AIRPORT RD. N.  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: SCHULTE, SUE  
Address: 490 PALM CIRCLE W.  
City-St-Zip: NAPLES, FL 34102

## 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:

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: MELANIE FIELDS

MRS.

03/27/2005

Electronic Signature of Signing Officer or Director

Date