

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005071	
1. Entity Name SPAY/NEUTER COALITION, INC.	

Principal Place of Business 7610 DAVIS BLVD. NAPLES FL 34104	Mailing Address 3711 31ST AVENUE S.W. NAPLES FL 34117
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-1195276	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTERS, VARDA J 3301 TAMiami TRAIL EAST BLDG H, 3RD FLOOR NAPLES FL 34112

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WALTERS, VARDA J		NAME	
STREET ADDRESS 7610 DAVIS BLVD.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34104		CITY-ST-ZIP	
TITLE VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME BOLEN, AMY		NAME	
STREET ADDRESS 616 PUTTER PT. PLACE		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FIELDS, MELANIE J		NAME	
STREET ADDRESS 3711 31ST AVE. S.W.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34117		CITY-ST-ZIP	
TITLE SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WRIGHT, STEPHEN		NAME	
STREET ADDRESS 370 AIRPORT RD. N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34104		CITY-ST-ZIP	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SCHULTE, SUE		NAME	
STREET ADDRESS 490 PALM CIRCLE W.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE *Melanie J Fields Treasurer (Melanie Fields) 3-8-06 (220) 361-2761*