

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005071

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: SPAY/NEUTER COALITION, INC.

## Current Principal Place of Business:

1080 MILANO DRIVE  
NAPLES, FL 34103

## New Principal Place of Business:

## Current Mailing Address:

1080 MILANO DRIVE  
NAPLES, FL 34103

## New Mailing Address:

FEI Number: 65-1195276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, STEPHEN  
1080 MILANO DRIVE  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALTERS, VARDIA J  
Address: 3301 TAMiami TRAIL EAST, BLDG H, 3RD FLOOR  
City-St-Zip: NAPLES, FL 34112

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

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHEN WRIGHT

SD

04/02/2009

Electronic Signature of Signing Officer or Director

Date