


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90064 001 \*\*\*\*61.25  
02-20-2007 90064 002 \*\*\*\*\*8.75

<b>DOCUMENT # N04000008797</b>					
1. Entity Name <b>SUNTREE VIERA PET RESCUE HUMANE SOCIETY INC.</b>					
Principal Place of Business <b>609 ROSS MOOR CIRCLE MELBOURNE, FL 32940</b>			Mailing Address <b>609 ROSS MOOR CIRCLE MELBOURNE, FL 32940</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>76-0740027</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BUSCHOR, MELINDA 609 ROSS MOOR CIRCLE MELBOURNE, FL 32940</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Buschor, Melinda	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCHOR, MELINDA		NAME	609 Ross Moor Circle	
STREET ADDRESS	609 ROSS MOOR CIRCLE		STREET ADDRESS	MELBOURNE, FL 32940	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Lombard, Ralph	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUDLIN, MELVIN		NAME	5192 OUTLOOK DR.	
STREET ADDRESS	450 N. WICKHAM LAKES DRIVE		STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Buschor, Thomas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCHOR, THOMAS		NAME	609 Ross Moor Circle	
STREET ADDRESS	609 ROSS MOOR CIRCLE		STREET ADDRESS	MELBOURNE, FL 32940	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Ellen Dozier	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	1705 DAVIS DR.	
STREET ADDRESS			STREET ADDRESS	Merritt Island, FL 32952	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: <u>Melinda Buschor</u> <b>MELINDA BUSCHOR</b> <span style="float: right;">2-16-2007 321-2551086</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



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