2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N06000009453

1. Entity Name
BREVARD AID TO ANIMALS SPAY/NEUTER MEDICAL FACILITY, INC.

Principal Place of Business	Mailing Address
250 PAINT STREET ROCKLEDGE, FL 32955 US	250 PAINT STREET ROCKLEDGE, FL 32955 US

01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5501132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORSEY, ALFRED H
250 PAINT STREET
ROCKLEDGE, FL 32955

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000781981
01/15/08-80057-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIETZ, BOB
STREET ADDRESS	1091 PEACOCK AVE, NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	WILBOURNE, JEFF
STREET ADDRESS	2557 LEEWOOD BLVD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	DORSEY, AL
STREET ADDRESS	250 PAINT STREET
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	WILLIAMS, AL
STREET ADDRESS	741 CREEL STREET
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alfred H. Dorsey 1/9/08 321-636-6940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #