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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #

N41126

(6)

Mailing Address

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS . INC.

1220-202 E. PROSPECT AVE 1001 SERENADE ST NW MELBOURNE FL 32901 PALM BAY FL 32907 US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1990 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2781 Electronics Dr 21 26 59-3089336 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Melbourne 28 Trust Fund Contribution Added to Fees Zin Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No KREvard 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HATHAWAY, SUSAN J. 82 Street Address (P.O. Box Number is Not Acceptable) 1001 SERENADE, N.W. 83 PALM BAY FL 32907 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE Change mitchell, Bruce HECKENDORF, SANDY 1.2 NAME 1825 S. RIVERVIEW Dr STREET ADDRESS 471 GREENWAY AVE. 1.3 STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL Melbourne, FL 32901 1.4 CITY - ST - ZIP TITLE DELETE Change 2.1 TITLE Addition NAME MIRCI, ANN 2.2 NAME 149 OCEAN BREEZE CIRCLE STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP INDIATLANTIC FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition HATHAWAY, SUSAN NAME 32 NAME STREET ADDRESS 1001 SERENADE AVE., NW 3 3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

61 TITLE

62 NAME

53 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

THILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

0174-81-712

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DELETE

/16/96 (40)-729-6981

CR2E037 (12/95)

☐ Addition