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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49426

1. Corporation Name

**SOUTH FLORIDA S.P.C.A. (SOCIETY FOR THE PREVENTI
ON OF CRUELTY TO ANIMALS) INC.**

Principal Place of Business

**15476 NW 77TH CT
SUITE 440
MIAMI LAKES FL 33016**

Mailing Address

**15476 NW 77TH CT
SUITE 440
MIAMI LAKES FL 33016**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/15/1992

4. FEI Number

65-0338657

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WAGGONER, LAURIE
7999 NW 18 ST.
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **7999 N.W. 181 St.**

84 City

FL

85 Zip Code

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

Laurie Waggoner

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROBINSON, ELLYN**
STREET ADDRESS **2351 KEYSTONE BLVD**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ DELETE
NAME **PLACENTINO, N**
STREET ADDRESS **8600 NW 15 ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ DELETE
NAME **WAGGONER, LAURIE**
STREET ADDRESS **7999 NW 181 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **CORRIERI, LILLIE**
STREET ADDRESS **3100 NW 95 TERRACE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **D** ☐ DELETE
NAME **MORELAND, SUSAN**
STREET ADDRESS **4545 SW 152 AVENUE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie Waggoner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 9, 1999/305 825-8821

CR2E037 (1/98)