2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N49426

Entity Name: SOUTH FLORIDA S.P.C.A. (SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS) INC.

Current Principal Place of Business:

9715 NW 138 STREET
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

15476 NW 77TH CT
440
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0338657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGGONER, LAURIE
7999 NW 181ST STREET
MIAMI, FL 33015

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: D ( ) Delete
Name: ROBINSON, ELLYN
Address: 2351 KEYSTONE BLVD
City-St-Zip: N. MIAMI, FL 33181

Title: D ( ) Delete
Name: PIACENTINO, NANCY
Address: 17840 SW 66TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: D ( ) Delete
Name: WAGGONER, LAURIE
Address: 7999 NW 181 STREET
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: MORELAND, SUSAN
Address: 3701 SW 132 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: PRESSMAN, ROY
Address: 8601 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33173

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: D (X) Change ( ) Addition
Name: MORELAND, SUSAN
Address: 671 NW HIGHWAY 316
City-St-Zip: OCALA, FL 32113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN M. MORELAND D 04/30/2004

Electronic Signature of Signing Officer or Director — Date