2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90526 014 ****70.00

DOCUMENT # N49426

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

Principal Place of Business	Mailing Address
9715 NW 138 STREET HIALEAH, FL 33018	15476 NW 77TH CT 440 MIAMI LAKES, FL 33016

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04042005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0338657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGGONER, LAURIE 7999 NW 181ST STREET MIAMI, FL 33015	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, ELLYN 2351 KEYSTONE BLVD N. MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, JEAN C. 30 NW 100TH TERRACE MIAMI SHORES, FL 33150 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIACENTINO, NANCY 17840 SW 66TH ST. FORT LAUDERDALE, FL 33331 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, JEANETTE 14629 GLENCAIRN ROAD MIAMI LAKES, FL 33016 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAGGONER, LAURIE 7999 NW 181 STREET MIAMI, FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORELAND, SUSAN 671 NW HIGHWAY 316 OCALA, FL 32113 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORELAND, SUSAN 671 NE HWY 316 CITRA FL 32113 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESSMAN, ROY 8601 SW 102 AVENUE MIAMI, FL 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Susan M. Moreland SUSAN MOORELAND 4-30-05 352-425-2369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #