2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
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 US

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:	RODSTEIN, KIM	
Address:	444 BRICKELL AVENUE SUITE 729	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	WAGGONER, LAURIE	
Address:	7999 NW 181 STREET	
City-St-Zip:	MIAMI, FL 33015	
Title:	D	( ) Delete
Name:	JORDAN, JEANETTE	
Address:	14710 BRECKNESS PLACE	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	T	( ) Delete
Name:	PRESSMAN, ROY	
Address:	8601 SW 102 AVENUE	
City-St-Zip:	MIAMI, FL 33173	
Title:	D	( ) Delete
Name:	PATTERSON, SHELLEY	
Address:	1985 BAY DRIVE WEST, NO. 24	
City-St-Zip:	MIAMI BEACH, FL 33141	

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROY PRESSMAN T 01/22/2009

Electronic Signature of Signing Officer or Director — Date