2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90009 026 ****61.25

DOCUMENT # N95000000167

1. Entity Name

SPCA OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
1008 NE JENSEN BCH BLVD JENSEN BCH FL 34957 US	1008 NE JENSEN BCH BLVD JENSEN BCH FL 34957 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAINS, LORI A
3019 SW VITTORIO ST
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	PD RAINS, LORI 3019 SW VITTORIO ST PORT ST. LUCIE FL 34953	☐ Delete	Secretary BRAGG Paula 5907 Raintree Trl Fort Pierce FL. 34982	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHREIBOR, CYNTHIA 2626 NE HICKORY AVE JENSEN BEACH FL 34957	☑ Delete	TRUSTEE SUSAN BEATTIE 5255 SW SAVAGE ST. PALM CITY FL. 34990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CERRATO, ROSEANN 2409 SW AVONDALE ST PORT SAINT LUCIE FL 34984	☑ Delete	TRUSTEE RAINS ROBERT 3019 SW VITTORIO ST PORT ST LUCIE FL. 34953	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHEIBER, DENISE 2626 NE HICKORY ST JENSEN BEACH FL 34957	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BRAGG, PAULA 5907 RAINTREE TR FORT PIERCE FL 34982	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: L A Rains LA RAINS 4-20-08 772-336-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #