

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000167

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** SPCA OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

1008 NE JENSEN BCH BLVD  
JENSEN BCH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

1008 NE JENSEN BCH BLVD  
JENSEN BCH, FL 34957 US

**New Mailing Address:**

**FEI Number:** 65-0542850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAINS, LORI A  
3019 SW VITTORIO ST  
PORT ST. LUCIE, FL 34953 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:** PD  
**Name:** RAINS, LORI  
**Address:** 3019 SW VITTORIO ST  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** T  
**Name:** ROBERT, RAINS  
**Address:** 3019 SW VITTORIO ST  
**City-St-Zip:** PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

**SIGNATURE:** LORI RAINS

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date