


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90003 037 \*\*\*\*61.25

<b>DOCUMENT # N98000007284</b>	
1. Entity Name <b>ANIMAL OUTREACH OF BRANDON, INC.</b>	

Principal Place of Business 9302 DR. MARTIN LUTHER KING BLVD., E. # 336 TAMPA, FL 33610	Mailing Address 4239 W EL PRADO BLVD TAMPA, FL 33629
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**94045514**



2. Principal Place of Business <b>BEVERLY SPENCER</b> Suite, Apt. #, etc.	3. Mailing Address <b>2016 DARLINGTON DR.</b> Suite, Apt. #, etc.
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01272004 Chg-NP CR2E037 (10/03)

City & State <b>SEFFNER FL.</b>	City & State <b>SEFFNER FL.</b>
Zip <b>33584</b>	Zip <b>33584</b>
Country <b>Hillsborough</b>	Country <b>Hillsborough</b>

4. FEI Number <b>65-0876801</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SPENCER, BEVERLY</b> <b>2016 DARLINGTON DR</b> <b>SEFFNER, FL 33584</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <u><i>Beverly A. Spencer</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>	DATE <u><i>4/02/04</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, BEVERLY 2016 DARLINGTON DR SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT -</b> JACQUELINE MUNERA 15303 Plantation Oaks Dr #4 Tampa FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, JEANETTE 4239 W EL PRADO BLVD TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BEVERLY A. SPENCER</b> 2016 DARLINGTON OAKS DR. SEFFNER FL 33584 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, DONALD 4012 W EL PRADO BLVD TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SUSAN SUITOR</b> 110 Hickory Creek Blvd. Brandon FL 33511 - <b>SECRETARY -</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Beverly A. Spencer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u><i>4/02/04</i></u> 813-661-1058 <small>Daytime Phone #</small>