

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 027 ****61.25

DOCUMENT # N99000006556

1. Entity Name

SPCA OF MARION COUNTY, INC.



Principal Place of Business

8501 SW 93RD LN UNIT B
OCALA FL 34481

Mailing Address

8501 SW 93RD LN UNIT B
OCALA FL 34481

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

59-3616029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

SZYMANSKI, JODI
9035 B SW 94TH ST
OCALA FL 34481

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 Jodi Szymanski Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/31/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

T
NAME BROWER, CATHERINE
STREET ADDRESS 8501 #B SW 93RD LANE
CITY ST ZIP Ocala FL 34481 ☐ Delete

S
NAME WEST, DORIS
STREET ADDRESS 8875 #A SW 98TH ST
CITY ST ZIP Ocala FL 34481 ☒ Delete

VP
NAME NICHOLLS, JEANNE
STREET ADDRESS 8701 #F, SW 94TH ST
CITY ST ZIP Ocala FL 34481 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☒ Change ☐ Addition
*S Theresa Lord
8598 S.W. 60th Cir.
Ocala, FL 34476*

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Catherine Brower (CATHERINE V BROWER)

1-31-07

352-237-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #