

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

DOCUMENT# N99000006556

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** SPCA OF MARION COUNTY, INC.

**Current Principal Place of Business:**

8501 SW 93RD LN UNIT B  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8501 SW 93RD LN UNIT B  
OCALA, FL 34481

**New Mailing Address:**

**FEI Number:** 59-3616029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VITTITOW, MELANIE  
8532F SW 93RD PLACE  
OCALA, FL 34481 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:** T  
**Name:** BROWER, CATHERINE  
**Address:** 8501 #B SW 93RD LANE  
**City-St-Zip:** Ocala, FL 34481

**Title:** VP  
**Name:** GILL, PATRICIA  
**Address:** 8515 SW 84TH LOOP  
**City-St-Zip:** Ocala, FL 34476

**Title:** S  
**Name:** KYLE, ELIZABETH  
**Address:** 8640 SW 88TH PLACE  
**City-St-Zip:** Ocala, FL 34481

**Title:** P  
**Name:** VITTITOW, MELANIE  
**Address:** 8532F SW 93RD PLACE  
**City-St-Zip:** Ocala, FL 34481

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:** MELANIE VITTITOW

PRES

03/14/2011

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

\_\_\_\_\_  
Date