

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749009

Entity Name: S.P.C.A. OF NORTH BREVARD, INC.**Current Principal Place of Business:**6035 SISSON RD
TITUSVILLE, FL 32780**Current Mailing Address:**PO BOX 5513
TITUSVILLE, FL 32781-5513 US**FEI Number:** 59-1989109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, MELODY
2465 HIGH PASTURE WAY
MELBOURNE, FL 32940 US*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:** MELODY THOMAS

01/11/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name OLSEN, CHERYL
Address 6675 CORTO ROAD
City-State-Zip: COCOA FL 32927

Title DIRECTOR
Name CRAIG, JILL
Address 4270 BURKHOLM ROAD
City-State-Zip: MIMS FL 32754

Title SECT
Name SMART, RENEE S
Address 6412 WINDOVER HWY
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name GRANGER, LINDA J
Address 3455 HAMMOCK RD
City-State-Zip: MIMS FL 32754

Title PRESIDENT
Name THOMAS, MELODY DRAHMANN
Address 5465 HIGH PASTURE WAY
City-State-Zip: MELBOURNE FL 32940

Title TREASURER
Name RUBIN, SHANNON
Address 4075 FAWN LAKE BLVD
City-State-Zip: MIMS FL 32754

Title DIRECTOR
Name BALLOU, TESSA SCOLARO JUDGE
Address 7105 MENDELL WAY
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name CABLE, DAVID
Address 1101 S. MIRAMAR AVE
#201
City-State-Zip: INDIALANTIC FL 32903

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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: MELODY THOMAS

PRESIDENT

01/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOYD, MICAH
Address 3838 S HOPKINS AVE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name ROTHENBERG, PAM
Address 100 A. ORMOND DR
City-State-Zip: INDIALANTIC FL 32903