

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749009

Entity Name: S.P.C.A. OF NORTH BREVARD, INC.**Current Principal Place of Business:**455 CHENEY HIGHWAY
TITUSVILLE, FL 32780**Current Mailing Address:**455 CHENEY HIGHWAY
TITUSVILLE, FL 32780 US**FEI Number:** 59-1989109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBERLIN, NANCY
2825 NIGHT HERON DR
MIMS, FL 32754 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	EBERLIN, NANCY
Address	2825 NIIGHT HERON DR
City-State-Zip:	MIMS FL 32754

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	VP
Name	DAVIGNON, CHRISTINA
Address	2231 TANGLEWOOD LANE
City-State-Zip:	MERRITT ISLAND FL 32953

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

Title	D
Name	CAROLE, SIME
Address	2404 DEVONSWOOD
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	GRANGER, LINDA J
Address	2015 PORPOISE STREET
City-State-Zip:	MERRITT ISLAND FL 32952

Title	TREASURER
Name	KLOTZ, DIANA
Address	3669 VENTNOR DRIVE
City-State-Zip:	TITUSVILLE FL 32196

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: NANCY EBERLIN**PRESIDENT****01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date