

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002870

**Entity Name:** SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS  
OF SEBASTIAN & INDIAN RIVER COUNTY, FL, INC.**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC6875640670****Current Principal Place of Business:**805 BARKER STREET  
SEBASTIAN, FL 32958**Current Mailing Address:**P.O. BOX 781385  
SEBASTIAN, FL 32978**FEI Number: 26-4498960****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DEMARS, VAN P  
805 BARKER STREET  
SEBASTIAN, FL 32958 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	P	Title	VP
Name	DEMARS, VAN P	Name	GOLDSTEIN, JULI DR.
Address	805 BARKER STREET	Address	P.O. BOX 781385
City-State-Zip:	SEBASTIAN FL 32958	City-State-Zip:	SEBASTIAN FL 32978
Title	OFFICER	Title	OFFICER
Name	MCCULLOCH, STEPHEN	Name	PARTISANO, JUDE
Address	P.O. BOX 781385	Address	P.O. BOX 781385
City-State-Zip:	SEBASTIAN FL 32978	City-State-Zip:	SEBASTIAN FL 32978
Title	OTHER		
Name	LENKER, KARL		
Address	P.O. BOX 781385		
City-State-Zip:	SEBASTIAN FL 32978		

*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: VAN P. DEMARS****PRESIDENT****04/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date