


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 765236**  
 1. Entity Name  
**CLEWISTON FRIENDS OF ANIMALS, INC.**



Principal Place of Business Mailing Address  
**14526 RIVERSIDE DR. S.E. FT. MYERS FL 33905**      **14526 RIVERSIDE DR. S.E. FT. MYERS FL 33905**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BENSON, CARROLL L.  
 14526 RIVERSIDE DR. S.E.  
 FT. MYERS FL 33905**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>BENSON, CARROLL L.</b> <input type="checkbox"/> Delete <b>14526 RIVERSIDE DR. S.E.</b> <b>FT. MYERS FL 33905</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>NALL, FRANCES M</b> <input type="checkbox"/> Delete <b>1006 PONCE DE LEON AVE</b> <b>CLEWISTON FL 33440</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>CHAMNESS, MALI</b> <input type="checkbox"/> Delete <b>1017 PONCE DE LEON AVE</b> <b>CLEWISTON FL 33440</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>00000043126</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/10/04-80052-018 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carroll L. Benson Date: Feb 2, 2004