


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 765236</b>					
1. Entity Name <b>CLEWISTON FRIENDS OF ANIMALS, INC.</b>					
Principal Place of Business <b>14526 RIVERSIDE DR. S.E. FT. MYERS FL 33905</b>			Mailing Address <b>14526 RIVERSIDE DR. S.E. FT. MYERS FL 33905</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BENSON, CARROLL L. 14526 RIVERSIDE DR. S.E. FT. MYERS FL 33905</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	000000413173 <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BENSON, CARROLL L.		NAME	02/10/06-80077-017 61.25	
STREET ADDRESS	14526 RIVERSIDE DR. S.E.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33905		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NALL, FRANCES M.		NAME		
STREET ADDRESS	1006 PONCE DE LEON AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	CHAMNESS, MALI		NAME		
STREET ADDRESS	1017 PONCE DE LEON AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MILLER, MARIE		NAME		
STREET ADDRESS	600 RIDGEVIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Carroll L. Benson January 25, 2006