


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90028 006 ****61.25

DOCUMENT # N02000003059 1. Entity Name CITIZENS FOR THE PROTECTION OF ANIMALS, INC.	
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Principal Place of Business 2580 MARSHCREEK LANE #101 NAPLES, FL 34119	Mailing Address 2580 MARSHCREEK LANE #101 NAPLES, FL 34119
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2164546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POPLOCK, RONNIE 599 THIRD ST N NAPLES, FL 34102
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPLICK, RONNIE 599 THIRD ST N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVALONE, KATHLEEN 2580 MARSHCREEK LANE #101 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBY, MICHAEL Linda Coyner 3448 ANDORRA CT 3705 17th Ave. SW NAPLES, FL 34109 Naples, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ronnie Poplock RONNIE POPLOCK 1/23/05 239-403-9594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #