

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012983

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** COALITION FOR ANIMAL WELFARE / WEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

10955 SPRING STREET  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

10955 SPRING STREET  
LARGO, FL 33774

**New Mailing Address:**

**FEI Number:** 83-0449483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVANI, RICHARD L  
10955 SPRING STREET  
LARGO, FL 33774 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TEAGUE, LIANA  
Address: 15011 HIGHFIELD RD.  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D ( ) Delete  
Name: BROWN, LISA  
Address: 27315 POPIEL RD.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: MONTANTE, PAUL  
Address: 7910 WILLOW BROOK  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: SILVANI, RICHARD L  
Address: 10955 SPRING STREET  
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete  
Name: ROCHOW, BEVERLY  
Address: 26135 OLYMPIA RD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FIGAROLA, RAUL  
Address: 837 S BROAD ST  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MALLEY, JOHN  
Address: 7826 BOLAM AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD L. SILVANI

CHMN

04/14/2008

Electronic Signature of Signing Officer or Director

Date