2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N05000012983

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:	FIGAROLA, RAUL	
Address:	837 S BROAD ST	
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:	D	( ) Delete
Name:	MALLEY, JOHN	
Address:	7826 BOLAM AVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MCPHERSON, DEBRA	
Address:	17715 GULF BLVD, #405	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 TREA 03/27/2009

Electronic Signature of Signing Officer or Director — Date