


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47047</b>	
1. Entity Name CONCERNED CITIZENS FOR ANIMAL WELFARE INC.	

Principal Place of Business 7055 MARIE AVENUE PENSACOLA, FL 32504	Mailing Address 7055 MARIE AVENUE PENSACOLA, FL 32504
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01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3033317	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  KASER, DOROTHY S. 7055 MARIE AVE PENSACOLA, FL 32504
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURRINGTON, LORRAINE 8809 CHISOLM RD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, OLA B 5650 GAINESWOODS CT. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASER, DOROTHY S. 7055 MARIE AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, KIMBERLY 2804 CORAL STRIP PKWY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/05-80055-025 70.00

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:** *Dorothy S. Kaser* **President/Founder** *1-15-05* *(850) 476-6199*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*DOROTHY S. KASER*