

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N47047

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



01052006 No Chg-NP

CR2ED37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3033317

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

KASER, DOROTHY S.
7055 MARIE AVE
PENSACOLA, FL 32504

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IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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
2904 CORAL STRIP PKWY
GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000398953
01/31/06-80014-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fee empowered.

SIGNATURE:

Dorothy S. Kaser, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-05
DATE

476-6199
Daytime Phone #

**CONCERNED CITIZENS
FOR ANIMAL WELFARE, INC.**
7055 MARIE AVE