

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



~· 	ANNUAL	. KEPUK I	– van	Jan 16, 2008 8:00 an Secretary of State		
t. Entity Name	MENT # N47047 NED CITIZENS FOR ANIM	1AL WELFARE INC.			cretary of State 16-2008 90050 025 ****70.00	
7055 MARIE AVENUE 70		Mailing Address 7055 MARIE AVENUE PENSACOLA, FL 3250	14	î serma en arau rean	Cern 2020 jest proti 81871 81800 proti 81811 proliton ol 1987	
?. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Chg-N	NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3033317	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status	S Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address	s of New Registered Agent	
KASER, DOROTHY S. 7055 MARIE AVE				Street Address (P.O. Box Number is Not Acceptable)		
rENSACOL	LA, FL 32504					
	·		City		Zip Code	
SIGNATURE s	ons of registered agent.  Signature, typed or printed name of registered agent		E: Registered Apont signature requi		DATE  Make check payable to	
SIGNATURE	Signature, typed or purited name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (	mpaiga Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
O. IILE AME TREET ADDRESS	Signature, typed or printed name of registered agent	9. Election Car Trust Fund (	mpaiga Financing	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES T	Make check payable to Florida Department of State  O OFFICERS AND DIRECTORS IN 10  Lovaine Assistion	
O.  ILE AME ITY-ST-ZIP  ILE AME ITY-ST-ZIP  ILE AME IREEI ADDRESS IREE ADDRESS IREEI A	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI 8TD BURRINGTON, LORRAINE 8809 CHISOLM RD.	9. Election Car Trust Fund ( RECTORS	mpaign Financing Contribution.  11.  THE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES T	Make check payable to Florida Department of State  O OFFICERS AND DIRECTORS IN 10  Lovaine  Auditio	
O.  TILE  MME  IRFET ADDRESS  TY-ST-ZIP  TILE  MME  REET ADDRESS  TY-ST-ZIP  TILE  MME  REET ADDRESS  TY-ST-ZIP	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI 8TD BURRINGTON, LORRAINE 8809 CHISOLM RD. PENSACOLA, FL D SMITH, OLA B 5650 GAINESWOODS CT.	9. Election Car Trust Fund ( HECTORS	mpaign Financing Contribution.  11. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES T	Make check payable to Florida Department of State  O OFFICERS AND DIRECTORS IN 10  Lovaine  Minimal Change Abdition  Change Addition	
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O. IILE AME TREET ADDRESS IIY-ST-ZIP IILE AME TREET ADDRESS IIY-ST-ZIP ILE AME TREET ADDRESS III	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  OFFICERS AND	9. Election Can Trust Fund (  HECTORS  Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES T	Make check payable to Florida Department of State  O OFFICERS AND DIRECTORS IN 10  Lovaine  Minida  Change   Auditio	

SIGNATURE:

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FEI Numb	er 59 <sub>-</sub> 30333	47		
FEI NUIIID	er 59 - 50555	17		
FEI Numbe	er Status 🧓 Listed	Above 🧎 Applied For	Not Applicable	
Certificate	of Status Desired	Yes 6 No \$8.75 e	ach	
Election C	ampaign Financing	Trust Fund Contribution	n Yes • No	
Principa	I Place of Bus	siness		
Address		RIE AVENUE	(PO Box not accep	otable)
Suite, Apt.			(1 5 Box 1151 G500)	<i></i>
City, State		COLA F	L	
Zip Code 8	Country 32504	<u> </u>		
Mailing A	Address			
f your mail	ing address is the	same as the principal ad	dress above, please check	the box below. Otherwise, enter
	g address. address same as p	orincinal address		
Address		RIE AVENUE	alternatura de la compositación de la composit	
Suite, Apt.	1	AVENOE		
City, State	PENSAC	OLA F	L	
	Country 32504	,	_	
	- 1	Registered Agent		
				/ -
Name (Las	t, First, Middle, Titl	e) KASER , Do	OROTHYS. PR.es/	idenl
Business t	- OR - o serve as RA			
Street Add	ress In Florida	7055 MARIE AVE	(РО В	ox not acceptable)
Suite, Apt.	#, etc.			
City, State		PENSACOLA	, FL	

Zip Code & Country

32504

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If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

	AUUUUUU
IT	###N47047

# Officer/Director Name And Address

Name And Address #1

Name (Last, First, Middle, Title)

Title

STD DIRECTOR

BURRINGTON LO

LORRAINE

- OR -

Entity Name to serve as Officer/Director

Street Address

8809 CHISOLM RD.

City, State

**PENSACOLA** 

, FL

Zip Code & Country

# Name And Address #2

Title

D

Name (Last, First, Middle, Title)

SMITH

, QLA

ͺВ

- OR -

Entity Name to serve as Officer/Director

Street Address

5650 GAINESWOODS CT.

City, State

PENSACOLA

, FL

Zip Code & Country

32506

# Name And Address #3

Title

PD

Name (Last, First, Middle, Title)

KASER

DOROTHY'S.

- OR -

Entity Name to serve as Officer/Director

**Street Address** 

7055 MARIE AVE

City, State

PENSACOLA

, FL

Zip Code & Country

32504

## Name And Address #4

Title

VPD

Name (Last, First, Middle, Title) - OR -	BLAIR KIMBERLY , ,
Entity Name to serve as Officer/Director	
Street Address	2904 CORAL STRIP PKWY 5284- WOODL AKE TEC
City, State	GULF BREEZE FL (PERRALE)
Zip Code & Country	ATTACHMENT # N47047
Name And Address #5	# 107 10 11
Title	5TD
Name (Last, First, Middle, Title) - OR -	KASER WILLIAM T.
Entity Name to serve as Officer/Director	
Street Address	7055 MARIE AUC.
City, State	De 115a cola, Fl
Zip Code & Country	32504
Name And Address #6	
Title	$\mathcal{D}_{\mathcal{C}}$
Name (Last, First, Middle, Title) - OR -	DERICKSON ANN.
Entity Name to serve as Officer/Director	
Street Address	906 BAYON Blud. Densacola Fl
City, State	Densacola Fl
Zip Code & Country	32503
An individual named above or an individual signi in the 'Officer/Director Signature' block below. A	ng on behalf of an entity named above must type their name corporate name is not allowed in this block.
Title $\rho_{J}$	1-10-08
Officer/Director Signature	Gathy J. Kaser
This signature must be that of the individual the full knowledge and permission of the ind	"signing" this document electronically or be made with dividual, otherwise it constitutes forgery under igning" this document affirms that the facts stated
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