

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47047

FILED
Jan 13, 2009
Secretary of State

Entity Name: CONCERNED CITIZENS FOR ANIMAL WELFARE INC.

Current Principal Place of Business:

7055 MARIE AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

7055 MARIE AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3033317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KASER, DOROTHY S.
7055 MARIE AVE
PENSACOLA, FL 32504 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: BURRINGTON, LORRAINE
Address: 8809 CHISOLM RD.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: SMITH, OLA B
Address: 5650 GAINESWOODS CT.
City-St-Zip: PENSACOLA, FL 32506

Title: PD () Delete
Name: KASER, DOROTHY S.
Address: 7055 MARIE AVE
City-St-Zip: PENSACOLA, FL

Title: VPD () Delete
Name: BLAIR, KIMBERLY
Address: 5284 WOODLAKE TERR
City-St-Zip: PENSACOLA, FL 32513

Title: D () Delete
Name: ERICKSON, ANN
Address: 906 BAYOU BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: STD () Delete
Name: KASER, WILLIAM T
Address: 7055 MARIE AVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURRINGTON, LORRAINE
Address: 120 WALMAR DRIVE
City-St-Zip: SUN PRAIRE, WI 53590

Title: D (X) Change () Addition
Name: DANISKA, SUSAN G
Address: 1807 AMOS CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: PD (X) Change () Addition
Name: KASER, DOROTHY S
Address: 7055 MARIE AVE
City-St-Zip: PENSACOLA, FL 32504

Title: VPD (X) Change () Addition
Name: BLAIR, KIMBERLY
Address: 5284 WOODLAKE TERR
City-St-Zip: GULF BREEZE, FL 32563

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

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: DOROTHY S. KASER

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date