2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90103 038 ****61.25

DOCUMENT # P23272

1. Entity Name
CANINE COMPANIONS FOR INDEPENDENCE, INC.

50025663

Principal Place of Business	Mailing Address
2965 DUTTON AVE SANTA ROSA, CA 95407 US	P.O. BOX 446 SANTA ROSA, CA 95402-0446 US

01252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 94-2494324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHULZ, JEAN 4900 UPPER RIDGE ROAD SANTA ROSA, CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ted Rogahn 3329 Candlewood Street Lakewood, CA 90712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GITTINGER, ANNE 2033 1ST AVE SEATTLE, WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jerry Bergeron 419 Lost Brooke Dr., LPR Estes Park, CO 80517	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROGAHN, TED 3329 CANDLEWOOD ST LAKEWOOD, CA 90712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William White 6100 Lake Ellenor Drive Orlando, FL 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUREVITCH, RUSS 6054 HYLAND WAY PENNGROVE, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, TERRY ONE LOCUST STREET SAN FRANCISCO, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Debra Crow 4856 Glencannon Street Santa Rosa, CA 95405	☐ Change ☒ Addition

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: _____ 3/8/05 (707)577-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #