# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2006 8:00 am**
**Secretary of State**
04-10-2006 90321 009 ****61.25

60025418

DOCUMENT # P23272

1. Entity Name
CANINE COMPANIONS FOR INDEPENDENCE, INC.

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

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

03162006 Chg-NP CR2E037 (11/05)

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**

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

**7. Name and Address of New Registered Agent**

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

**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<br>ROGAHN, TED<br>3329 CANDLEWOOD STREET<br>LAKEWOOD, CA 90712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BERGERON, JERRY<br>419 LOST BROOKE DR, LPR<br>ESTES PARK, CO 80517 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Treasurer<br>William White<br>6100 Lake Ellenor Drive Orlando, FL 32809 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WHITE, WILLIAM<br>6100 LAKE ELLENOR DRIVE<br>ORLANDO, FL 32809 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Secretary<br>Jean Schultz<br>4900 Upper Ridge Road., Santa Rosa, CA 95404 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GUREVITCH, RUSS<br>6054 HYLAND WAY<br>PENNGROVE, CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEVIN, TERRY<br>ONE LOCUST STREET<br>SAN FRANCISCO, CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CROW, DEBRA<br>4856 GENCANNON STREET<br>SANTA ROSA, CA 95405 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Vice President<br>Anne Gittinger<br>2033 1st Ave., Seattle, WA 98121 |

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 like empowered.

**SIGNATURE:** Corey Hunt 3/24/06 2025771716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #