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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23272 (8)
1. Corporation Name
CANINE COMPANONS FOR INDEPENDENCE, INC.

Principal Place of Business Mailing Address
P.O. BOX 446 SANTA ROSA CA 95402-7446 P.O. BOX 446 SANTA ROSA CA 95402-7446

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/06/1989** 3a. Date of Last Report **02/23/1994**

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4350 OCCIDENTAL RD.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **SANTA ROSA, CA** 28
Zip Country Zip Country
24 **95401** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
**CONKLIN, PATTI L.
C/O CANINE COMPANONS REGIONAL OFFICE
1073-B ORIENTA AVE.
ALTAMONTE SPGS. FL 32701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when replacing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHULTZ, JEAN
STREET ADDRESS	4900 UPPER RIDGE ED.
CITY - ST - ZIP	SANTA ROSA CA
TITLE	V
NAME	GANN, KATHLEEN K.
STREET ADDRESS	641 A AVENUE
CITY - ST - ZIP	CORONADO CA
TITLE	S
NAME	EMRICK, MARY
STREET ADDRESS	1700 PARKVIEW DRIVE
CITY - ST - ZIP	SAN BRUNO CA
TITLE	T
NAME	MORATTO, ROBERT
STREET ADDRESS	4321 MONTECITO AVE
CITY - ST - ZIP	SANTA ROSA CA
TITLE	AS
NAME	HUDSON, COREY
STREET ADDRESS	6 VOSS PARK CIRCLE
CITY - ST - ZIP	SANTA ROSA CA
TITLE	D
NAME	CROSBY, PHYLIS
STREET ADDRESS	P. O. BOX 1990 N/A
CITY - ST - ZIP	MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHULZ, JEAN
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	SANTA ROSA, CA 95404
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	641 A AVENUE
2.4 CITY - ST - ZIP	CORONADO, CA 92118
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	SAN BRUNO, CA 94066
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	SANTA ROSA, CA 95404
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	PETER HENZE
5.4 CITY - ST - ZIP	P.O. BOX 555 N/A WINDSOR, CA 95492
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1623 McKELVEY RD.
6.4 CITY - ST - ZIP	GREENBACK, TN 37742

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean Schulz* JEAN SCHULZ-PRESIDENT 4/11/95 (707) 528-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CANINE COMPANIONS for INDEPENDENCE, founded in 1975

January 23, 1995

CANINE COMPANIONS FOR INDEPENDENCE, INC. NATIONAL BOARD OF DIRECTORS



OFFICERS:

PRESIDENT: JEAN SCHULZ Term: 1/1/95-12/31/96
4900 Upper Ridge Road, Santa Rosa, CA 95404 (707)528-0830

VICE PRES.: KATHLEEN GANN Term: 1/1/95-12/31/96
641 A Avenue, Coronado, CA 92118 (619)437-4081

VICE PRES.: PETER HENZE Term: 1/1/95-12/31/96
POB 555, Windsor, CA 95492 (707)778-1800

SECRETARY: MARY EMRICK Term: 1/1/95-12/31/96
1700 Parkview Dr., San Bruno, CA 94066 (415)588-6214

TREASURER: ROBERT MORATTO Term: 1/1/95-12/31/96
4321 Montecito Ave., Santa Rosa, CA 95404 (707)546-9315

DIRECTORS:

PHYLIS CROSBY 1623 McKelvey Rd, Greenback, TN 37742
Term: 01/01/95-12/31/96 (615)988-4507

LUKE MCGREGOR 8 Independence Wy S, Edgewater, NJ 07020
Term: 01/01/94-12/31/95 (212)741-1300

RUSS GUREVITCH 343 S McDowell Blvd, Petaluma, CA 94952
Term: 01/01/94-12/31/95 (707)778-6065

SUSANNE BERGERON Imagery Inc., 2 Dearborn Sq, Kankakee, IL 60901-3909
Term: 01/01/94-12/31/95 (815)935-9550

TERRY LEVIN One Locust St., San Francisco, CA 94118
Term: 01/01/94-12/31/95 (415)567-6224

MARGO KOWALSKI POB 519, Sebastopol, CA 95472
Term: 01/01/94-12/31/95 (707)823-9796

SHAWN E. O'HARA 400 Oyster Pt. Blvd. 419, SF, CA 94080
Term: 01/01/95-12/31/96 (415)737-0370

JUDY ALLEN 3248 Cobblestone Dr, Santa Rosa, CA 95404
Term: 01/01/95-12/31/96 (707)575-3472

ELLEN LIEBHERR 616 17th Street, Huntington Beach, CA 92648
Term: 10/08/94-06/30/96 (714)891-6723

JEANNINE FAUBION 1734 N Street N.W. Washington DC 20036
Term: 06/01/94-06/01/96 (202)347-3168

ANNE GITTINGER 2033 1st Ave., Seattle, WA 98121
Term: 09/01/94-12/31/95

KIMBERLY CLEMENT 1313 St. Helena Ave., Santa Rosa, CA 95404
Term: 09/01/94-12/31/95

NATIONAL OFFICES

Corey Hudson
Executive Director
4350 Occidental Rd
PO Box 446
Santa Rosa, CA 95402-0446
707/528-0830 V/TDD

NORTH CENTRAL REGIONAL TRAINING CENTER

4989 State Route 37
Delaware, OH 43015
614/548-4447 V/TDD

NORTHEAST REGIONAL TRAINING CENTER

PO Box 205
Farmingdale, NY 11735-0205
516/694-6938 V/TDD

NORTHWEST REGIONAL TRAINING CENTER

1215 Sebastopol Rd
Santa Rosa, CA 95407-6834
707/579-1985 V/TDD

SOUTHEAST REGIONAL CENTER

PO Box 547511
Orlando, FL 32854-7511
407/834-2555 VOICE
407/834-3454 TDD

SOUTHWEST REGIONAL TRAINING CENTER

6461 El Apajo Rd
PO Box 8247
Rancho Santa Fe, CA 92067
619/756-1012 V/TDD

MEMBER



Equal Opportunity Employer