



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90103 038 \*\*\*\*61.25

|   |                       |  |   |   |  |
|---|-----------------------|--|---|---|--|
| <b>DOCUMENT # P23272</b>  |                       |  |   |  |  |
| 1. Entity Name<br>CANINE COMPANIONS FOR INDEPENDENCE, INC.  |                       |  |   |   |  |
| Principal Place of Business<br>2965 DUTTON AVE<br>SANTA ROSA, CA 95407 US   |                       |  | Mailing Address<br>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  |
| 6. Name and Address of Current Registered Agent   |                       |  |   | 7. Name and Address of New Registered Agent                                       |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                       |  |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |                       | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |  |
| Make check payable to<br>Florida Department of State  |                       |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |   |  |
| TITLE   | P                     | <input checked="" type="checkbox"/> Delete   | TITLE   | President   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SCHULZ, JEAN          |  | NAME  | Ted Rogahn  |  |
| STREET ADDRESS  | 4900 UPPER RIDGE ROAD |  | STREET ADDRESS  | 3329 Candlewood Street  |  |
| CITY-ST-ZIP   | SANTA ROSA, CA        |  | CITY-ST-ZIP   | Lakewood, CA 90712  |  |
| TITLE   | VP                    | <input type="checkbox"/> Delete  | TITLE   | Treasurer   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | GITTINGER, ANNE       |  | NAME  | Jerry Bergeron  |  |
| STREET ADDRESS  | 2033 1ST AVE          |  | STREET ADDRESS  | 419 Lost Brooke Dr., LPR  |  |
| CITY-ST-ZIP   | SEATTLE, WA           |  | CITY-ST-ZIP   | Estes Park, CO 80517  |  |
| TITLE   | T                     | <input checked="" type="checkbox"/> Delete   | TITLE   | Secretary   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | ROGAHN, TED           |  | NAME  | William White   |  |
| STREET ADDRESS  | 3329 CANDLEWOOD ST    |  | STREET ADDRESS  | 6100 Lake Ellenor Drive   |  |
| CITY-ST-ZIP   | LAKEWOOD, CA 90712    |  | CITY-ST-ZIP   | Orlando, FL 32809   |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | GUREVITCH, RUSS       |  | NAME  |   |  |
| STREET ADDRESS  | 6054 HYLAND WAY       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PENNGROVE, CA         |  | CITY-ST-ZIP   |   |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | LEVIN, TERRY          |  | NAME  |   |  |
| STREET ADDRESS  | ONE LOCUST STREET     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | SAN FRANCISCO, CA     |  | CITY-ST-ZIP   |   |  |
| TITLE   |                       | <input type="checkbox"/> Delete  | TITLE   | Vice President  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                       |  | NAME  | Debra Crow  |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  | 4856 Glencannon Street  |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   | Santa Rosa, CA 95405  |  |
| 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:   |                       | Date: 3/8/05   |   | Daytime Phone #: (707) 577-1700   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR   |                       |  |   |   |  |

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4. FEI Number 94-2494324 Applied For Not Applicable

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