

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23272 (8)
 1. Corporation Name
CANINE COMPANIONS FOR INDEPENDENCE, INC.



Principal Place of Business 4350 OCCIDENTAL ROAD SANTA ROSA CA 95401 US	Mailing Address P.O. BOX 446 SANTA ROSA CA 95402-7446
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2. Principal Place of Business 21 2965 DUTTON AVE.	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/06/1989	3a. Date of Last Report 04/19/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 94-2494324	Applied For <input type="checkbox"/> Not Applicable
City & State 23 SANTA ROSA, CA	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 95407	Country 25 USA	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

10. Name and Address of New Registered Agent
81 Name MARGARET AGER
82 Street Address (P.O. Box Number is Not Acceptable) c/o CANINE COMPANIONS FOR INDEPENDENCE
83 1073-B ORIENTA AVE.
84 City ALTAMONTE SPRINGS **FL** **85 Zip Code** 32701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE *Margaret Ager* **MARGARET AGER, REGIONAL DIRECTOR**
Signature, typed or printed name of registered agent and their appointor (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZ, JEAN	1.2 NAME	
STREET ADDRESS	4900 UPPER RIDGE ED.	1.3 STREET ADDRESS	4900 UPPER RIDGE RD.
CITY-ST-ZIP	SANTA ROSA CA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANN, KATHLEEN K.	2.2 NAME	
STREET ADDRESS	641 A AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORONADO CA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMRICK, MARY	3.2 NAME	
STREET ADDRESS	1700 PARKVIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BRUNO CA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORATTO, ROBERT	4.2 NAME	
STREET ADDRESS	4321 MONTECITO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENZE, PETER	5.2 NAME	D MCGREGOR, LUKE
STREET ADDRESS	P.O. BOX 555 N/A	5.3 STREET ADDRESS	8 INDEPENDENCE WAY S.
CITY-ST-ZIP	WINDSOR CA	5.4 CITY-ST-ZIP	EDGEWATER, NJ 07020
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, PHYLIS	6.2 NAME	
STREET ADDRESS	1623 MCKELVEY RD	6.3 STREET ADDRESS	1861 MCKELVEY RD.
CITY-ST-ZIP	GREENBACK TN	6.4 CITY-ST-ZIP	

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 119.07(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** 5/7/96 707/577-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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**CANINE COMPANIONS
FOR INDEPENDENCE**

"Exceptional Dogs for Exceptional People"

January 22, 1996

All board members serve without pay.

**CANINE COMPANIONS FOR INDEPENDENCE, INC.
NATIONAL BOARD OF DIRECTORS**

OFFICERS:

PRESIDENT: JEAN SCHULZ	Term: 01/01/95-12/31/96	4900 Upper Ridge Road, Santa Rosa, CA 95404 (707)528-0830
VICE PRES.: KATHLEEN GANN	Term: 01/01/95-12/31/96	641 A Avenue, Coronado, CA 92118 (619)437-4081
SECRETARY: MARY EMRICK	Term: 01/01/95-12/31/96	1700 Parkview Dr., San Bruno, CA 94066 (415)588-6214
TREASURER: ROBERT MORATTO	Term: 01/01/95-12/31/96	4321 Montecito Ave., Santa Rosa, CA 95404 (707)546-9315

DIRECTORS:

PHYLIS CROSBY	Term: 01/01/95-12/31/96	1861 McKelvey Rd, Greenback, TN 37742 (615)988-4507
LUKE MCGREGOR	Term: 01/01/96-12/31/97	8 Independence Wy S, Edgewater, NJ 07020 (212)741-1300
RUSS GUREVITCH	Term: 01/01/96-12/31/97	343 S McDowell Blvd, Petaluma, CA 94952 (707)778-6065
SUSANNE BERGERON	Term: 01/01/96-12/31/97	1202 Winters Creek Rd., Harbour Ridge, Palm City, FL 34990
TERRY LEVIN	Term: 01/01/96-12/31/97	One Locust St., San Francisco, CA 94118 (415)567-6224
MARGO KOWALSKI	Term: 01/01/96-12/31/97	1770 Ocean Oaks Rd., Carpinteria, CA 93013 (805)684-4835
SHAWN E. O'HARA	Term: 01/01/95-12/31/96	400 Oyster Pt. Blvd. 419, SF, CA 94080 (415)737-0370
JUDY ALLEN	Term: 01/01/95-12/31/96	3248 Cobblestone Dr, Santa Rosa, CA 95404 (707)575-3472
ELLEN LIEBHERR	Term: 10/08/94-06/30/96	616 17th Street, Huntington Beach, CA 92648 (714)891-6723
JEANNINE FAUBION	Term: 06/01/94-06/01/96	1734 N Street N.W. Washington DC 20036 (202)347-3168
ANNE GITTINGER	Term: 09/01/96-12/31/97	2033 1st Ave., Seattle, WA 98121 (206)448-0179
TED ROGAHN	Term: 01/01/96-12/31/97	3329 Candlewood St., Lakewood, CA 90712 (310) 408-1078
KIMBERLY CLEMENT	Term: 01/01/96-12/31/97	1313 St. Helena Ave., Santa Rosa, CA 95404 (707)545-4600

National Headquarters & Northwest Regional Center
PO Box 446
Santa Rosa, CA 95402-0446
(707) 577-1700 V/TDD

Southwest Regional Center
PO Box 4568
Oceanside, CA 92057
(619) 754-3300 V
(619) 754-3308 TDD

North Central Regional Center
4989 State Route 37 East
Delaware, OH 43015-9682
(614) 548-4447 V/TDD

Southeast Regional Center
PO Box 547511
Orlando, FL 32854-7511
(407) 834-2555 V/TDD

Northeast Regional Center
PO Box 205
Farmingdale, NY 11735-0205
(516) 694-6938 V/TDD