FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Principal Place	e of Business	Mailing Address						
2985 DUTTON AVE P.O. BOX		P.O. BOX 446	OX 446		3. Date Incorporated or Qualified			
SANTA ROSA CA 35407		SANTA ROSA CA 95402-7446		03/06/1989				
03					4. FEI Number	L A	pplied For	
					94-2494324	N	ot Applicable	
2. Principal P	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75	Additional	
21		26			Or Commented of Citation Desired		equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00		
City & State		City & State			Trust Fund Contribution			
23 City & State	4	28			7. Is this nonprofit corporation a home		xn?	
Zip	l Country	Zip	Country	<u> </u>	8. This corporation owes or has paid the		taggible	
9540		- 05/00 0/// h	30	,	Personal Property Tax due June 30.		No	
1	9. Name and Address of Current				10. Name and Address of New Regist			
			81	Name				
MARGAI	RET AGER		82	Stroot A	ddress (P.O. Box Number Is Not Acceptable)			
	C/O CANINE COMPANIONS FOR INDEPENDENCE			SHOOLA	ddiess (F.O. Dox indinuer is not Acceptable)			
	1073-B ORIENTA AVE							
ALTAMO	ALTAMONTE SPGS. FL 32701			City			Code	
			84	1 "		FL T		
11. Pursuant	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							
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 617.0503, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered agor			ent signature n		ATE DIDECTOR	20 111 40	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	Addition	
NAME	SCHULZ, JEAN		1.2 NAME			Change Change		
STREET ADDRESS	4900 UPPER RIDGE ROAD			T ADDRESS				
1	SANTA ROSA CA							
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-1	51-212		Change	Addition	
NAME	GITTINGER, ANNE	D.C.L.C	2.2 NAME		¥i:			
STREET ADDRESS	2033 1ST AVE		2.3 STREET	T ADDRESS				
CITY-ST-ZIP	SEATTLE WA		2. 4 CITY-	1				
TITLE	S	☐ DELETE	3.1 TITLE	J)-111		☐ Change	Addition	
NAME	EMRICK, MARY		3.2 NAME					
STREET ADDRESS	1700 PARKVIEW DRIVE		3.3 STAEET	LADDRESS				
CITY-ST-ZIP	SAN BRUNO CA		3.4. CITY-					
TITLE	1	X) DELETE	4.1 TITLE		Treasurer	☐ Change	X Addition	
NAME	MORATTO, ROBERT		4. 2 NAME	ĺ	Ted Rogahn	-		
STREET ADDRESS	4321 MONTECITO AVE		4.3 STREET	ADDRESS !	3329 Candlewood St.			
CITY-ST-ZIP	SANTA ROSA CA		4.4 CITY-5		Lakewood, CA 90712			
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition	
NAME	MCGREGOR, LUKE		5.2 NAME	ſ			i	
STREET ADDRESS	8 INDEPENDENCE WAY, S.		5.3 STREET	ADDRESS				
CITY-ST-ZIP	EDGEWATER NJ		5.4 CITY - 9	ST-ZIP			i	

6.4 CITY-ST-ZIP 14. Thereby 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 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 13 if changed of or an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

CROSBY, PHYLIS

GREENBACK TN

1861 MCKELVEY RD

TITLE

STREET ADDRESS

CITY-ST-ZIP

Corey Hudson, Exec. Director 2/13/98 (707)577-1700 SIGNATURE:

DELETE

Addition

Change

FILED

Mar 02 1998 8:00am

Secretary of State

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"Exceptional Dogs for Exceptional People"

FEBRUARY 9, 1998

All board members serve without pay.

CANINE COMPANIONS FOR INDEPENDENCE, INC. NATIONAL BOARD OF DIRECTORS

OFFICERS:

PRESIDENT: JEAN SCHULZ	Term: 01/01/97-12/31/98	4900 Upper Ridge Road, Santa Rosa, CA 95404 (707)577-1700			
VICE PRES: ANNE GITTINGER	Term: 01/01/98-12/31/99	2033 1st Ave., Seattle, WA 98121 (206)448-0179			
SECRETARY: MARY EMRICK	Term: 01/01/97-12/31/98	1700 Parkview Dr., San Bruno, CA 94066 (415)588-6214			
TREASURER: TED ROGAHN	Term: 01/01/97-12/31/98	3329 Candlewood St., Lakewood, CA 90712 (562) 408-1078			
DIRECTORS:					
PHYLIS CROSBY	Term: 01/01/97-12/31/98	1861 McKelvey Rd, Greenback, TN 37742 (615)988-4507			
LUKE MCGREGOR	Term: 01/01/98-12/31/99	8 Independence Wy S, Edgewater, NJ 07020 (212)741-1300			
RUSS GUREVITCH	Term: 01/01/98-12/31/99	343 S McDowell Blvd, Petaluma, CA 94952 (707)778-6065			
TERRY LEVIN	Term: 01/01/98-12/31/99	One Locust St, San Francisco, CA 94118 (415)567-6224			
JUDY ALLEN	Term: 01/01/97-12/31/98	3248 Cobblestone Dr, Santa Rosa, CA 95404 (707)575-3472			
SUSANNE BERGERON	Term: 01/01/98-12/31/99	1202 Winters Creek Rd, Harbour Ridge, Palm City, FL 34990			
SARA CASTELLI	Term: 01/01/97-12/31/98	151 Greenacre Dr SE, Palm Bay, FL 32909 (407) 725-2902			
BARBARA HOPP	Term: 01/01/97-12/31/98	530 Emerald Park Ct, Santa Rosa, CA 95409 (707) 538-3869			
CHARLOTTE ELLIS	Term: 05/15/97-12/31/98	6018 Llano Ave, Dallas, TX 75206 (214)8232876			
BERNIE MILMOE	Term: 06/30/97-06/30/98	204 St. Annes Place, Roseville, CA 95678 (916)782-8816			
FAYE DISSINGER	Term: 06/01/96-06/01/98	1734 N Street N.W., Washington, DC 20036 (202)347-3168			
CORPORATE AGENTS:					
COREY HUDSON	EXECUTIVE DIRECTOR	#6 Voss Park Circle, Santa Rosa, CA 95403			
ALAN FEINNE	CHIEF FINANCIAL OFFICER	1404 Gold Way, Rohnert Park, CA 94928			