


FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P23272

1. Corporation Name
CANINE COMPANIONS FOR INDEPENDENCE, INC.

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



| | | |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 03/06/1989 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 94-2494324 |
| 22 City & State | 27 City & State | Applied For Not Applicable |
| 23 Zip Country | 28 Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 25 | 29 |
| 24 Zip Country | 25 | 30 |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

MARGARET AGER
C/O CANINE COMPANIONS FOR INDEPENDENCE
1073-B ORIENTA AVE
ALTAMONTE SPGS. FL 32701

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SCHULZ, JEAN | |
| STREET ADDRESS | 4900 UPPER RIDGE ROAD | |
| CITY-ST-ZIP | SANTA ROSA CA | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GITTINGER, ANNE | |
| STREET ADDRESS | 2033 1ST AVE | |
| CITY-ST-ZIP | SEATTLE WA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | EMRICK, MARY | |
| STREET ADDRESS | 1700 PARKVIEW DRIVE | |
| CITY-ST-ZIP | SAN BRUNO CA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TED ROGAHN | |
| STREET ADDRESS | 3329 CANDLEWOOD ST | |
| CITY-ST-ZIP | LAKEWOOD CA 90712 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCGREGOR, LUKE | |
| STREET ADDRESS | 8 INDEPENDENCE WAY, S. | |
| CITY-ST-ZIP | EDGEWATER NJ | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CROSBY, PHYLIS | |
| STREET ADDRESS | 1861 MCKELVEY RD | |
| CITY-ST-ZIP | GREENBACK TN | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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 with all other like empowered.

SIGNATURE: Corey Giddison **SIGNATURE REQUIRED** Date 1/15/99 (707) 577-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)

83597-90078-b
DOC# P23272



"Exceptional Dogs for Exceptional People"

SEPTEMBER 25, 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 1 st Ave., Seattle, WA 98121 (206)448-0179 |
| SECRETARY: MARY EMRICK | Term: 01/01/97-12/31/98 | 1700 Parkview Dr., San Bruno, CA 94066 (650)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 (423)988-9980 |
| 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 | 6054 Hyland Way, Penngrove, CA 94951 (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 | 108 Canterfield Rd., Cary, NC 27513 |
| SUSAN ANSBERRY | Term: 05/03/98-12/31/00 | 275 Battery St., 23 rd Floor, San Francisco, CA 94111 (415)986-2800 |
| JERRY BERGERON | Term: 09/25/98-12/31/00 | 1202 Winters Creek Rd, Harbour Ridge, Palm City, FL 34990 |
| RHONDA CARPENTER | Term: 09/25/98-12/31/00 | 235 Partridge Bend, Powell, OH 43065 (614)846-8892 |
| MIKE SHAUGHNESSY | Term: 06/30/98-06/30/99 | P.O. Box 1065, Carson City, NV 89702 (702)882-4970 |
| MAXINE SCARBRO | Term: 06/01/98-06/01/00 | 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 |

National Headquarters &
Northwest Regional Center
PO Box 446
Santa Rosa, CA 95402-0446
(707) 577-1700 Voice
(707) 577-1756 TDD

Southwest Regional Center
PO Box 4568
Oceanside, CA 92052
(760) 754-3300 Voice
(760) 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

