

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006278

FILED
May 03, 2010
Secretary of State

Entity Name: PUPPY LOVE THERAPY DOGS, INCORPORATED

Current Principal Place of Business:

971 CR 478A
WEBSTER, FL 33597

New Principal Place of Business:

Current Mailing Address:

971 CR 478A
WEBSTER, FL 33597

New Mailing Address:

FEI Number: 80-0587448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PITTS, ELLEN M
100 S. ASHLEY DRIVE, SUITE 1770
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLEMAN, KIRSTEN P
Address: 971 CR 478A
City-St-Zip: WEBSTER, FL 33597

Title: S/T
Name: COLEMAN, NINA J
Address: 971 CR 478A
City-St-Zip: WEBSTER, FL 33597

Title: M
Name: FRANZEN-ANDES, TINA
Address: 516 NORTH MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

Title: M
Name: NOELL, SUSAN K
Address: P.O. BOX 415
City-St-Zip: SUMTERVILLE, FL 33585

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NINA J COLEMAN

S/T

05/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date