

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006278

**FILED**  
**Apr 19, 2012**  
**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 ( )**

**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: KIRSTEN P. COLEMAN

P

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date