

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007813

FILED
Jan 05, 2012
Secretary of State

Entity Name: CANINE ASSISTED THERAPY, INC.

Current Principal Place of Business:

3554 NE 12TH AVE
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 460176
FT. LAUDERDALE, FL 333460176

New Mailing Address:

FEI Number: 27-0700622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, DEBRA M
1631 SE 12TH COURT
FORT LAUDERDALE, FL 33316 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: ED
Name: BERGER, DEBRA M
Address: P.O. BOX 460176
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: SEC
Name: BERGER, WAYNE
Address: P.O. BOX 460176
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: TRE
Name: MEILE, SARAH
Address: P.O. BOX 460176
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: VC
Name: JURGLE, JOANNE
Address: P.O. BOX 460176
City-St-Zip: FT. LAUDERDALE, FL 33346

Title: D
Name: MCCAULEY, SUSAN
Address: P.O. BOX 460176
City-St-Zip: FT. LAUDERDALE, FL 33346

Title: D
Name: CHRISTOPHER, SMITH
Address: P.O. BOX 460176
City-St-Zip: FT. LAUDERDALE, FL 33346

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: DEBRA M. BERGER

ED

01/05/2012

Electronic Signature of Signing Officer or Director

Date