## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000009295

Entity Name: THERAPY DOGS OF SOUTH FLORIDA, INC.

**FILED** Oct 16, 2014 **Secretary of State** CC5146128254

## **Current Principal Place of Business:**

14545-J S. MILITARY TRL #186 DELRAY BEACH, FL 33484

## **Current Mailing Address:**

6148 OVERLAND PLACE DELRAY BEACH, FL 33484 US

FEI Number: 33-1034677 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DECICCO, THOMAS ECEO 14545-J S. MILITARY TRL #186 DELRAY BEACH, FL 33484 US

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:

City-State-Zip:

Name

Date Electronic Signature of Registered Agent

Officer/Director Detail:

VΡ Title PRESIDENT & TREASURER Title

Name DECICCO, THOMAS EPD/TD Name WILLIAMS, JILL

Address 14545-J S. MILITARY TRL #186 Address 14545-J S. MILITARY TRL #186

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title **DIRECTOR** Title **SECRETARY** 

Name DECICCO, CAROL Name WILLIAMS, MARK

Address 14545-J S. MILITARY TRL #186 Address 14545-J S. MILITARY TRL #186 DELRAY BEACH FL 33484 City-State-Zip:

Title **DIRECTOR** 

MOORE, EDIE Address 14545-J S. MILITARY TRL #186

DELRAY BEACH FL 33484

City-State-Zip: DELRAY BEACH FL 33484

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.

Electronic Signature of Signing Officer/Director Detail