

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007813

Entity Name: CANINE ASSISTED THERAPY, INC.**Current Principal Place of Business:**1040 NE 45TH STREET
OAKLAND PARK, FL 33334**Current Mailing Address:**1040 NE 45TH STREET
OAKLAND PARK, FL 33334 US**FEI Number:** 27-0700622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERGER, DEBRA M
1040 NE 45TH STREET
OAKLAND PARK, FL 33334 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, EXECUTIVE DIRECTOR
Name BERGER, DEBRA M
Address 3554 NE 12TH AVE.
City-State-Zip: OAKLAND PARK FL 33334

Title CHAIRMAN, TREASURER
Name BERGER, WAYNE
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name FLOWERS, SARAH
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name JURGLE, JOANNE
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name MCCAULEY, SUSAN
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name CHRISTOPHER, SMITH
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name KIRK, APRIL
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title SECRETARY
Name SOKOLOFF, ANNA
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

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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**EXECUTIVE DIRECTOR /** 03/10/2014
CEO

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACKMAN, STEPHEN
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name BROWN, NANCY
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name WHITELEY, BRUCE
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name GOUVEIA, JIM
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR
Name KLASFELD, MARVIN
Address 1040 NE 45TH STREET
City-State-Zip: OAKLAND PARK FL 33334