

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007813

Entity Name: CANINE ASSISTED THERAPY, INC.

Current Principal Place of Business:

1040 NE 45 STREET
OAKLAND PARK, FL 33334

Current Mailing Address:

1040 NE 45 STREET
OAKLAND PARK, FL 33334

FEI Number: 27-0700622

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WESOLOWSKI, MONICA
1040 NE 45 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: MONICA WESOLOWSKI

01/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD MEMBER
Name SEBASTIAN, THERESA
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

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

Title VC
Name VERDE, PHILIP
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

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

Title BOARD MEMBER
Name O'CONNELL, PAUL
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title CEO
Name WESOLOWSKI, MONICA
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title SECRETARY
Name BOWER, TANYA
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title BOARD MEMBER
Name JONES, STEPHANIE
Address 1040 NE 45 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: MONICA WESOLOWSKI

CEO/EXECUTIVE
DIRECTOR

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name POWERS, JENNIFER
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title BOARD MEMBER
Name HOMAN, JENNIFER
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title BOARD MEMBER
Name WHITTOME, ELIZABETH
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

Title BOARD MEMBER
Name MUNKOV, EVGENY
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334