

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007813

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC4131110474**

**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:** No

**Name and Address of Current Registered Agent:**

JURGLE, JOANNE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title VC  
Name GASSE, SUZANNE  
Address 1040 NE 45 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 SECRETARY  
Name JURGLE, JOHN  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name SOKOLOFF, ANNA  
Address 1040 NE 45 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 FLEMING, LISA  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

**Continues on page 2**

*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:** JOANNE JURGLE

**EXECUTIVE DIRECTOR**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOODING , SCOTT  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

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

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