

2019 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: No

Name and Address of Current Registered Agent:

TRZCINSKI, COURTNEY
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: COURTNEY TRZCINSKI

01/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 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 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 GOODING , SCOTT
Address 1040 NE 45 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

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: COURTNEY TRZCINSKI

EXECUTIVE DIRECTOR

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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