

2021 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:

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

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name MORTON-HOLMES, NICOLE
Address 1040 NE 45 STREET
City-State-Zip: OAKLAND PARK FL 33334

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

Title TREASURER
Name BERGER, WAYNE
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: COURTNEY TRZCINSKI

EXECUTIVE DIRECTOR

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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