

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004563

FILED
Apr 25, 2015
Secretary of State
CC2079901883

Entity Name: CANINES FOR CHRIST THERAPY DOG MINISTRY, INC.

Current Principal Place of Business:

3845 EVERGREEN OAKS DR.
LUTZ, FL 33558

Current Mailing Address:

PO BOX 28
LUTZ, FL 33548-0028 US

FEI Number: 46-5668420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RANDOLPH, LAWRENCE
3845 EVERGREEN OAKS DR.
LUTZ, FL 33558 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 PD
Name RANDOLPH, LAWRENCE T
Address 3845 EVERGREEN OAKS DR.
City-State-Zip: LUTZ FL 33558

Title TD
Name RANDOLPH, SUSAN D
Address 3845 EVERGREEN OAKS DR.
City-State-Zip: LUTZ FL 33558

Title SD
Name LAPLANT, BECKIE
Address 3845 EVERGREEN OAKS DR.
City-State-Zip: LUTZ FL 33558

Title D
Name LEONARD, RONALD
Address 3845 EVERGREEN OAKS DR.
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name KESLER, STEVE
Address PO BOX 28
City-State-Zip: LUTZ FL 33548-0028

Title DIRECTOR
Name CORN, WENDY
Address PO BOX 28
City-State-Zip: LUTZ FL 33548-0028

Title DIRECTOR
Name BURDELL, KEN
Address PO BOX 28
City-State-Zip: LUTZ FL 33548-0028

Title DIRECTOR
Name BURDELL, PEG
Address PO BOX 28
City-State-Zip: LUTZ FL 33548-0028

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: LAWRENCE T. RANDOLPH

PRESIDENT

04/25/2015

Electronic Signature of Signing Officer/Director Detail

Date