

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

DOCUMENT# N15000005527

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC9504372235**

**Entity Name:** JESSE'S FUND FOR THERAPY DOGS, INC.

**Current Principal Place of Business:**

204 E BLUE WATER EDGE DR  
EUSTIS, FL 32736

**Current Mailing Address:**

204 E BLUE WATER EDGE DR  
EUSTIS, FL 32736 US

**FEI Number:** 47-4679369

**Certificate of Status Desired:** No

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

MCDUFFIE, STACY  
632 SUN BLUFF LN  
APOPKA, FL 32712 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 P  
Name ZAMAN, MARIE  
Address 1208 NORTH AVE  
City-State-Zip: TAVARES FL 32778

Title S  
Name MURTZ, KRISTINE  
Address 4 LATTICE DR  
City-State-Zip: LESSBURG FL 34788

Title D  
Name HART-RITTENHOUSE, JOANNE  
Address 204 E BLUE WATER EDGE DR  
City-State-Zip: EUSTIS FL 32736

Title VP  
Name LIGHTBOURNE, LESLIE  
Address 36645 E ELDORADO LN  
City-State-Zip: EUSTIS FL 32736

Title T  
Name RAMANO, MINDY  
Address 2846 GRASSMOOR LOOP  
City-State-Zip: APOPKA FL 32712

Title D  
Name HEDBERG, NATALIE  
Address 42149 CHINABERRY ST  
City-State-Zip: EUSTIS FL 32736

*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:** MARIE ZAMAN

**PRESIDENT**

**03/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date