

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

DOCUMENT# N96000004167

**Entity Name:** SPACE COAST THERAPY DOGS, INC.

**Current Principal Place of Business:**

2130 MICHIGAN AVE  
COCOA, FL 32926

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC1290631414**

**Current Mailing Address:**

2130 MICHIGAN AVE  
COCOA, FL 32926 US

**FEI Number: 59-3407246**

**Certificate of Status Desired: No**

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

SMITH, BRIAN  
2130 MICHIGAN AVE  
COCOA, FL 32926 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: BRIAN SMITH**

**04/04/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, BRIAN  
Address 2130 MICHIGAN AVE  
City-State-Zip: COCOA FL 32926

Title V  
Name MARTINI, DEBORAH  
Address 134 STARBOARD LN.  
City-State-Zip: MERRITT ISLAND FL 32953

Title T  
Name CROCKETT, SHARON  
Address 881 PINE BAUGH ST.  
City-State-Zip: ROCKLEDGE FL 32955

Title S  
Name DEMATTEIS, JANET  
Address 2200 REYNARD PLACE  
City-State-Zip: MERRITT ISLAND FL 32952

*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: BRIAN SMITH**

**PRESIDENT**

**04/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date