

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000548

Entity Name: CANINE ASSISTANTS, INC.

Current Principal Place of Business:

3160 FRANCIS ROAD
MILTON, GA 30004

FILED
Jan 30, 2023
Secretary of State
3925512777CC

Current Mailing Address:

3160 FRANCIS ROAD
MILTON, GA 30004 US

FEI Number: 58-1974410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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 PRESIDENT/CEO
Name ARNOLD, JENNIFER
Address 3160 FRANCIS ROAD
City-State-Zip: MILTON GA 30004

Title SECRETARY
Name BRUNER, KENT
Address 3160 FRANCIS ROAD
City-State-Zip: MILTON GA 30004

Title CFO
Name ARNOLD, GARY
Address 3160 FRANCIS ROAD
City-State-Zip: ALPHARETTA GA 30004

Title DIRECTOR
Name KELLER, DREW
Address ALPHARETTA ANIMAL HOSPITAL
 80 MILTON AVENUE
City-State-Zip: MILTON GA 30004

Title DIRECTOR
Name SHAMBLIN, SCOTT
Address 118 BAT DRIVE
City-State-Zip: SALUDA SC 29138

Title DIRECTOR
Name THOMPSON, KAREN
Address 6501 LAKESHORE PARKWAY
City-State-Zip: CHATTANOOGA TN 37416

Title DIRECTOR
Name STILWELL, VICTORIA
Address 535 WOODWARD WAY
City-State-Zip: ATLANTA GA 30305

Title COO
Name ARNOLD III, HARRY DUDLEY
Address 3160 FRANCIS ROAD
City-State-Zip: MILTON GA 30004

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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: GARY ARNOLD

CFO

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PEDRICK, JOHN
Address 135 SHADOW SPRINGS DRIVE
City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR
Name ZACHA, JAMES
Address 4440 NEWHALL DRIVE
City-State-Zip: CUMMING GA 30040

Title DIRECTOR
Name GAZZA, LYSA
Address 6005 CHUKKER COURT
City-State-Zip: CUMMING GA 30040