2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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Entity Name: THERAPY DOG FOUNDATION, INC.

Current Principal Place of Business:

6013 NW 23RD AVENUE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

6013 NW 23RD AVENUE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-1098236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLER, JERI
6013 NW 23 AVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HUNT-HOFFMAN, LYNN
Address: 240 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: SD
Name: COLE, SANDEE
Address: 1844 DALTON DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: DT
Name: POLLER, JERI
Address: 6013 NW 23RD AVENUE
City-St-Zip: BOCA RATON, FL 33496

Title: D
Name: PRINSTEIN, IRENE
Address: 5224 BOLERO CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DVP
Name: ADELMAN, CAROL
Address: 6125 NW 23 TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: DVP
Name: BROWN, BRENDA
Address: 115 W. PLUMISA LANE
City-St-Zip: LAKE WORTH, FL 33467

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: JERI POLLER D T 01/06/2010

Electronic Signature of Signing Officer or Director Date