

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008500

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: CARING CANINES THERAPY DOGS, INC.

## Current Principal Place of Business:

2991 WESTGATE DRIVE  
EUSTIS, FL 32726

## New Principal Place of Business:

## Current Mailing Address:

2991 WESTGATE DRIVE  
EUSTIS, FL 32726

## New Mailing Address:

FEI Number: 56-2411673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LA VALLE, RYNA C  
2991 WESTGATE DRIVE  
EUSTIS, FL 32726 US

## Name and Address of New Registered Agent:

LAVALLE, RYNA C  
2991 WESTGATE DRIVE  
EUSTIS, FL 32726 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: RYNA C LAVALLE

01/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LA VALLE, RYNA C  
Address: 2991 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

Title: V ( ) Delete  
Name: DOCTOR, SEYMOUR  
Address: 35136 ASSEMBLY AVENUE  
City-St-Zip: EUSTIS, FL 32736 US

Title: S ( ) Delete  
Name: TRACEY, ELAINE  
Address: 430 WINDRIDGE PLACE  
City-St-Zip: TAVARES, FL 32778 US

Title: TR ( ) Delete  
Name: LA VALLE, RYNA C  
Address: 2991 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAVALLE, RYNA C  
Address: 2991 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: LAVALLE, RYNA C  
Address: 2991 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RYNA C LAVALLE

P

01/10/2009

Electronic Signature of Signing Officer or Director

Date