

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008500

FILED  
Jan 07, 2012  
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 ( )**

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

LAVALLE, RYNA C  
2991 WESTGATE DRIVE  
EUSTIS, FL 32726 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: P  
Name: LAVALLE, RYNA C  
Address: 2991 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

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

Title: S  
Name: RIPPLE, MELISSA  
Address: 42149 CHINABERRY STREET  
City-St-Zip: EUSTIS, FL 32726 US

Title: S  
Name: LOVELACE, KAREN  
Address: 16028 DORA AVENUE  
City-St-Zip: TAVARES, FL 32778 US

Title: T  
Name: LAVALLE, RYNA C  
Address: 2991 WESTGATE DRIVE  
City-St-Zip: EUSTIS, FL 32726 US

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: RYNA C LAVALLE

P

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date