

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009185

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** CANINE ASSISTED TESTIMONY, INC.

**Current Principal Place of Business:**

3731 E FLINT LANE  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

3731 E FLINT LANE  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 45-3545679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, GRACE A  
3731 E FLINT LANE  
INVERNESS, FL 34452 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:** SANDERS, GRACE A  
**Address:** 3731 E FLINT LANE  
**City-St-Zip:** INVERNESS, FL 34452

**Title:** VP  
**Name:** GARVIN, JANET  
**Address:** 4380 S BLUEWATER POINT  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** VP  
**Name:** SCHRADER, SUSAN  
**Address:** 5925 N HIGHLAND PARK DRIVE  
**City-St-Zip:** HERNANDO, FL 34442

**Title:** S/T  
**Name:** KRAUS, KELLY  
**Address:** 5925 N HIGHLAND PARK DRIVE  
**City-St-Zip:** HERNANDO, FL 34442

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:** GRACE A SANDERS

P

04/21/2012

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

\_\_\_\_\_  
Date