

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004167

FILED
Apr 02, 2006
Secretary of State

Entity Name: SPACE COAST THERAPY DOGS, INC.

Current Principal Place of Business:

POB 542653
MERRITT ISLAND, FL 329542653 US

New Principal Place of Business:

Current Mailing Address:

POB 542653
MERRITT ISLAND, FL 329542653 US

New Mailing Address:

FEI Number: 59-3407246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAN, MELANIE R
465 BLAKEY BLVD.
COCOA BEACH, FL 329312803 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 () Delete
Name: CHAN, MELANIE R
Address: 465 BLAKEY BLVD.
City-St-Zip: COCOA BEACH, FL 329312803 US

Title: V () Delete
Name: HOLDER, ANN
Address: 945 INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 329227531 US

Title: V () Delete
Name: CLARK, JOHN
Address: 2120 REDWOOD CIRCLE NE
City-St-Zip: PALM BAY, FL 327804025 US

Title: D () Delete
Name: THOMPSON, JEANNE
Address: 505 S. PALM AVE.
City-St-Zip: INDIALANTIC, FL 32903 US

Title: T () Delete
Name: CROCKETT, SHARON
Address: 1419 GLENEAGLES CIRCLE
City-St-Zip: ROCKLEDGE, FL 329558175 US

Title: S () Delete
Name: CLARK, DONNA
Address: 2120 REDWOOD CIRCLE NE
City-St-Zip: PALM BAY, FL 327804025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ANDERSON, JOAN
Address: 578 TROPICAIRE AVE. SW
City-St-Zip: PALM BAY, FL 32908 US

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

Title: D (X) Change () Addition
Name: ALESIO, AUDREY
Address: 170 HOLIDAY PARK BLVD
City-St-Zip: PALM BAY, FL 32907 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MELANIE R. CHAN

P

04/02/2006

Electronic Signature of Signing Officer or Director

Date