

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004167

FILED
Apr 25, 2011
Secretary of State

Entity Name: SPACE COAST THERAPY DOGS, INC.

Current Principal Place of Business:

881 PINE BAUGH ST.
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

POB 121474
W. MELBOURNE, FL 32912 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:

CROCKETT, SHARON K PRES
881 PINE BAUGH ST.
ROCKLEDGE, FL 32955 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: CROCKETT, SHARON
Address: 881 PINE BAUGH ST.
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: V
Name: BRADT, DOROTHY
Address: 775 YUKON ST. NE
City-St-Zip: PALM BAY, FL 32907 US

Title: V
Name: SMITH, BRIAN
Address: POB 121474
City-St-Zip: WEST MELBOURNE, FL 32912 US

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

Title: T
Name: WATSON, DOLCENA B M
Address: 3068 PINEDA CROSSING DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: S
Name: DEPINTO, DIANA
Address: POB 121474
City-St-Zip: WEST MELBOURNE, FL 32912 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: DOLCENA B. M. WATSON

T

04/25/2011

Electronic Signature of Signing Officer or Director

Date