

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003881

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** PINKNEY FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1216 N W 53RD STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1216 N W 53RD STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 04-3693636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, MARY  
1216 N W 53RD STREET  
MIAMI, FL 33142 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: PD ( ) Delete  
Name: PINKNEY, YORK  
Address: 4244 N W 23RD AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: VD ( ) Delete  
Name: PINKNEY YALLEDY, ANGELA  
Address: 1020 N W 145TH TERRACE  
City-St-Zip: MIAMI, FL 33168

Title: STD ( ) Delete  
Name: WRIGHT, MARY  
Address: 1216 N W 53RD STREET  
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete  
Name: PINKNEY, SYLVIA A  
Address: 1216 N W 53RD STREET  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: SMITH, JULIA P  
Address: 1024 N W 46TH STREET  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 Section 119.07(3)(i), 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: SYLVIA A. PINKNEY

SD

04/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date