


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

02-04-2008 90038 008 ****61.25

DOCUMENT # N05000009481					
1. Entity Name THE TALL PINES CHARITABLE FOUNDATION, INC.					
Principal Place of Business 146 ANCHOR DRIVE VERO BEACH FL 32963		Mailing Address 146 ANCHOR DRIVE VERO BEACH FL 32963			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2757123	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH C. KEMPE PROFESSIONAL ASSOCIATION 941 N. HIGHWAY A1A JUPITER FL 33477			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed on number of copies of report filed (FL, FD, FD-2000) (NOTE: Not used if Agent person with no other connections) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		<input type="checkbox"/> Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution...		<input type="checkbox"/> \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, CONSTANCE C		NAME		
STREET ADDRESS	146 ANCHOR DRIVE		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH FL 32963		CITY- ST- ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	B. ROBERT WOOD		NAME		
STREET ADDRESS	146 ANCHOR DRIVE		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH FL 32963		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, PETER C		NAME		
STREET ADDRESS	1495 GARTH GATE LANE		STREET ADDRESS		
CITY- ST- ZIP	CHARLOTTESVILLE VA 22901		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHLOSSER, WENDY W		NAME		
STREET ADDRESS	238 DUNN ROAD		STREET ADDRESS		
CITY- ST- ZIP	BELGRADE ME 04917		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an additional page with an address, with all other like empowered.					
SIGNATURE: <u>B. Robert Wood</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					

B. ROBERT WOOD

3/4/08

VP, TREASURER