

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007753

Entity Name: PINK TIE FRIENDS, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

221 HIBISCUS AVE  
STUART, FL 34996

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 209  
STUART, FL 34995 US

## New Mailing Address:

FEI Number: 27-0122917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLISTER, DEBORAH  
221 HIBISCUS AVENUE  
STUART, FL 34996 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: PETERS, DEIDRE  
Address: 1550 NE OCEAN BLVD.  
City-St-Zip: STUART, FL 34996

Title: VP ( ) Delete  
Name: HOLLISTER, DEBORAH  
Address: 221 HIBISCUS AVENUE  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: WARNER, BARBARA  
Address: 1441 SANTURCE ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: HARWOOD, DEBBIE  
Address: 1600 SE STREET LUCIE BLVD.  
City-St-Zip: STUART, FL 34996

Title: S ( ) Delete  
Name: HARRISON, PATRICIA  
Address: 5 INDIGO LANE  
City-St-Zip: PORT CHARLOTTE, FL 34952

Title: T ( ) Delete  
Name: NICHOLS, NANCY  
Address: 495 SE SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: NANCY NICHOLS

TREA

04/26/2007

Electronic Signature of Signing Officer or Director

Date