

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007753

Entity Name: PINK TIE FRIENDS, INC.

FILED
Apr 09, 2009
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 (X)

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: VP () Delete
Name: CINDY, ALLEN
Address: 1149 SE MCFARLANE AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S () Delete
Name: WALKER, SHERRY
Address: 37 SW RIVERWAY BLVD
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: KUNKLE, ROBB
Address: 644 NW MONROE STREET
City-St-Zip: PORT ST LUCIE, FL 34987

Title: D () Delete
Name: WILSIE, CAROLYN
Address: 2243 NE MARLBERRY LN
City-St-Zip: JENSEN BEACH, FL 34957

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

Title: T () Delete
Name: COLLINS, VALERIE
Address: 10039 SW BROOKGREEN DR
City-St-Zip: PORT ST LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILSEY, CAROLYN
Address: 2243 NE MARLBERRY LANE
City-St-Zip: JENSEN BEACH, FL 34957

Title: S (X) Change () Addition
Name: SAILER, NANCY
Address: 1111 SW 5TH TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: P (X) Change () Addition
Name: HOLLISTER, DEBORAH
Address: 221 SE HIBISCUS AVENUE
City-St-Zip: STUART, FL 34996

Title: D (X) Change () Addition
Name: SCHILDER, JUDY
Address: 4750 SW COUNTRY PLACE
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: HARRISON, PATRICIA
Address: 5 INDIGO LANE
City-St-Zip: PORT ST LUCIE, FL 34952

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: VALERIE COLLINS

T

04/09/2009

Electronic Signature of Signing Officer or Director

Date