

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 26, 2012
Secretary of State

DOCUMENT# N05000007753

Entity Name: PINK TIE FRIENDS, INC.**Current Principal Place of Business:**10039 SW BROOKGREEN DRIVE
PORT SAINT LUCIE, FL 34987**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:**COLLINS, VALERIE A
10039 SW BROOKGREEN DRIVE
PORT SAINT LUCIE, FL 34987 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: SCHILDER, JUDITH
Address: PO BOX 209
City-St-Zip: STUART, FL 34995

Title: VP
Name: CALDWELL, CHERYL N
Address: PO BOX 209
City-St-Zip: STUART, FL 34995

Title: T
Name: COLLINS, VALERIE A
Address: PO BOX 209
City-St-Zip: STUART, FL 34995

Title: D
Name: HERRMANN, MADELINE
Address: PO BOX 209
City-St-Zip: STUART, FL 34995

Title: D
Name: EVERETT, ALLAN
Address: PO BOX 209
City-St-Zip: STUART, FL 34995

Title: D
Name: EVERETT, KATHY H
Address: PO BOX 209
City-St-Zip: STUART, FL 34995

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: VALERIE A COLLINS

T

06/26/2012

Electronic Signature of Signing Officer or Director

Date