

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007753

Entity Name: PINK TIE FRIENDS, INC.**Current Principal Place of Business:**P O BOX 881475
PORT SAINT LUCIE, FL 34988**Current Mailing Address:**P.O. BOX 209
STUART, FL 34995 US**FEI Number:** 27-0122917**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CALDWELL, CHERYL N
1020 SE JENSEN BEACH BLVD
STUART, FL 34953 US*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:** CHERYL NORMAN CALDWELL

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	CO-VP
Name	CALDWELL, CHERYL	Name	HERRMANN, MADELINE
Address	P.O. BOX 209	Address	PO BOX 209
City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34995
Title	TREASURER, SECRETARY	Title	CO-VP
Name	COLLINS, VALERIE A	Name	CONIGLIO, VIVIEN
Address	PO BOX 209	Address	PO BOX 209
City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34995
Title	DIRECTOR	Title	DIRECTOR
Name	JO, CUNNINGHAM	Name	MIRET, KAREN
Address	PO BOX 209	Address	PO BOX 209
City-State-Zip:	STUART FL 34995	City-State-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**TREASURER**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date