

**2017 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

04/27/2017

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**

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date