

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007753

Entity Name: PINK TIE FRIENDS, INC.**Current Principal Place of Business:**10039 SW BROOKGREEN DRIVE
PORT SAINT LUCIE, FL 34987**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:**COLLINS, VALERIE A
10039 SW BROOKGREEN DRIVE
PORT SAINT LUCIE, FL 34987 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CALDWELL, CHERYL
Address	P.O. BOX 209
City-State-Zip:	STUART FL 34995

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

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

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

Title	D
Name	EVERETT, KATHY H
Address	PO BOX 209
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****02/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date