

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004184

Entity Name: PROJECT P.I.N.K. INC.**Current Principal Place of Business:**2045 WILD TAMARIND BLVD.
ORLANDO, FL 32828**Current Mailing Address:**2045 WILD TAMARIND BLVD.
ORLANDO, FL 32828 US**FEI Number:** 26-4781889**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, PINKLON JR.
2045 WILD TAMARIND BLVD.
ORLANDO, FL 32828 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	THOMAS, PINKLON JR.
Address	2045 WILD TAMARIND BLVD
City-State-Zip:	ORLANDO FL 32828

Title	MANAGER
Name	RIVERS, ISOM DR.
Address	2037 WINDING OAKS DR.
City-State-Zip:	ORLANDO, FL 32825

Title	OFFICER
Name	THOMAS, PIERRA
Address	2045 WILD TAMARIND BLVD.
City-State-Zip:	ORLANDO FL 32828

Title	D, DIRECTOR
Name	GLOVER-THOMAS, DAJUANA C
Address	2045 WILD TAMARIND BLVD
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	POLUSO, VINCE
Address	4250 ALAFA TRAIL #212-138
City-State-Zip:	OVIEDO FL 32765

Title	TREASURER
Name	JOHNSON, GORDON
Address	1168 ARDSLEY PLACE
City-State-Zip:	THE VILLAGES FL 32163

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: DAJUANA GLOVER-THOMAS**DIRECTOR****05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date