

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUN 29 PM 1:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 744536 (4)

1. Corporation Name

IN THE PINES, INC.

Principal Place of Business

Mailing Address

9531 W. ATLANTIC AVENUE
BOX M-117
DELRAY BEACH FL 33446
US

9531 W. ATLANTIC AVENUE
~~BOX M-117~~
DELRAY BEACH FL 33446
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1978

3a. Date of Last Report
08/10/1994

4. FEI Number
59-1862904

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 103.092, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 **Box # 118**
City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAATEN, CONRAD
2929 SOUTH SEACREST
BOYNTON BEACH, FL
BOYNTON BEACH FL 33435**

B1 Name **MARY ESPINOZA**

B2 Street Address (P.O. Box Number Is Not Acceptable)
9531 W. ATLANTIC AVE.

B3 **Box # 118**

B4 **DELRAY BEACH**

B5 **FL** Zip Code **33446**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mary Espinoza (MARY ESPINOZA)

DATE **6/15/95**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**
NAME **ESPINOZA, MARY**
STREET ADDRESS **9531 W. ATLANTIC AVE., BOX M-117**
CITY - ST - ZIP **DELRAY BEACH FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **PD**
NAME **BRAATEN, CONRAD**
STREET ADDRESS **2929 SOUTH SEACREST**
CITY - ST - ZIP **BOYNTON BEACH FL**

21 TITLE Change Addition
22 NAME **PRESIDENT / DIRECTOR**
23 STREET ADDRESS **GORAY, DONNA**
24 CITY - ST - ZIP **130 ISLAND DRIVE**
OCEAN RIDGE, FL 33485

TITLE **VPD**
NAME **GORAY, DONNA**
STREET ADDRESS **130 ISLAND DRIVE**
CITY - ST - ZIP **OCEAN RIDGE FL**

31 TITLE Change Addition
32 NAME **VICE-PRES / DIRECTOR**
33 STREET ADDRESS **BURLESON, JUDY**
34 CITY - ST - ZIP **2975 S.W. WATERFALL TRACE**
PALM CITY, FL 34990

TITLE **TD**
NAME **AGAR, DANA**
STREET ADDRESS **7215 W. ATLANTIC AVENUE**
CITY - ST - ZIP **DELRAY BEACH FL**

41 TITLE Change Addition
42 NAME **TREAS. / DIRECTOR**
43 STREET ADDRESS **O'BRIEN, SUSAN**
44 CITY - ST - ZIP **7215 W. ATLANTIC AVENUE**
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Espinoza* (MARY ESPINOZA)

DATE **6/15/95**

PHONE **407-495-6375**

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

(S)

Daytime Phone #

CR2E037 (3/95)