

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744536

FILED
Jan 06, 2009
Secretary of State

Entity Name: IN THE PINES, INC.

Current Principal Place of Business:

16101 HALF MILE RD
BLDG. G OFFICE
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

16101 HALF MILE RD
BLDG. G OFFICE
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 59-1862904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORAY, GERALD
16101 HALF MILE RD, BLDG. OFC
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

GORAY, GERALD
16101 HALF MILE RD, BLDG. G OFC
DELRAY BEACH, FL 33446 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: _____

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RUSSELL, ELAYNE
Address: 16101 HALF MILE RD G OFC
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: MAGUIRE, PATRICIA
Address: 16101 HALF MILE RD G OFC
City-St-Zip: DELRAY BEACH, FL 33446

Title: PD () Delete
Name: GORAY, GERALD A PRES.
Address: 16101 HALF MILE RD., BLDG. G OFFICE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: RUSSELL, ELAYNE
Address: 16101 HALF MILE RD BLDG. G OFC
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD A. GORAY

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date