

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744536

FILED  
Jan 03, 2012  
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 A  
16101 HALF MILE RD, BLDG. G OFC  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

Title: SD  
Name: VASSALLO, SAMANTHA  
Address: 16101 HALF MILE RD G OFC  
City-St-Zip: DELRAY BEACH, FL 33446

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

Title: CO P  
Name: MAGUIRE, STEVE  
Address: 16101 HALF MILE ROAD  
City-St-Zip: DELRAY BEACH, FL 33446

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: GERALD A. GORAY

PRES

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date