

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003881

FILED
Apr 30, 2007
Secretary of State

Entity Name: PINKNEY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1216 N W 53RD STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1216 N W 53RD STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 04-3693636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, MARY
1216 N W 53RD STREET
MIAMI, FL 33142 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: PD () Delete
Name: PINKNEY, YORK
Address: 4244 N W 23RD AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: PINKNEY YALLEDY, ANGELA
Address: 1020 N W 145TH TERRACE
City-St-Zip: MIAMI, FL 33168

Title: STD () Delete
Name: WRIGHT, MARY
Address: 1216 N W 53RD STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: PINKNEY, SYLVIA A
Address: 1216 N W 53RD STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: SMITH, JULIA P
Address: 1024 N W 46TH STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: YORK PINKNEY

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date