

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004322

FILED
Apr 29, 2004
Secretary of State

Entity Name: PINE ISLAND ANGELS REMEMBERED INC.

Current Principal Place of Business:

5512 AVENUE D
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

5512 AVENUE D
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 02-0614616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARNA, DOBIE L
5512 AVENUE D
BOKEELIA, FLORIDA, FL 33922

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: P () Delete
Name: DARNA, DOBIE L
Address: 5512 AVENUE D
City-St-Zip: BOKEELIA, FL 33922

Title: V () Delete
Name: MCCLENITHAN, LISA L
Address: 5617 MEADOWLARK LANE
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: DARNA, TRACY L
Address: 5512 AVENUE D
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: DANDRON, JOSEPH R
Address: 5512 AVENUE D
City-St-Zip: BOKEELIA, FL 33922 US

Title: D () Delete
Name: GERZ, MARYLOU
Address: 5458 JUDITH STREET
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: NIELSON, TONI
Address: 5558 MEADOWLARK LN
City-St-Zip: BOKEELIA, FL 33922 US

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:

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 for the exemption stated in Section 119.07(3)(i), 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: TRACY DARNA

S

04/29/2004

Electronic Signature of Signing Officer or Director

Date