

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011393

FILED
Apr 14, 2011
Secretary of State

Entity Name: THE PINE ISLAND LONG-TERM RECOVERY ORGANIZATION, INC.

Current Principal Place of Business:

5465 NW PINE ISLAND ROAD
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

5465 NW PINE ISLAND ROAD
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 03-0551791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAESEMEYER, ELIZABETH
3548 TANGERINE DR
SAINT JAMES CITY, FL 33956 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: P
Name: STEARNS, ELSIE
Address: 5465 PINE ISLAND RD
City-St-Zip: BOKEELIA, FL 33922

Title: VP
Name: JANE, BENNINGTON
Address: 5465 PINE ISLAND ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: S
Name: STEVENS, MARY KAYE
Address: 5465 PINE ISLAND ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: T
Name: THATCHER, WILLIAM
Address: 5465 PINE ISLAND ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: ED
Name: ELIZABETH, HAESEMEYER
Address: 5465 PINE ISLAND ROAD
City-St-Zip: BOKEELIA, FL 33922

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: ELIZABETH HAESEMEYER

ED

04/14/2011

Electronic Signature of Signing Officer or Director

Date