

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009481

1. Entity Name
THE TALL PINES CHARITABLE FOUNDATION, INC.



Principal Place of Business
146 ANCHOR DRIVE
VERO BEACH, FL 32963

Mailing Address
146 ANCHOR DRIVE
VERO BEACH, FL 32963



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2757123

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH C. KEMPE PROFESSIONAL ASSOCIATION
941 N. HIGHWAY A1A
JUPITER, FL 33477

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WOOD, CONSTANCE C
STREET ADDRESS	146 ANCHOR DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VTD
NAME	B. ROBERT WOOD
STREET ADDRESS	146 ANCHOR DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	WOOD, PETER C
STREET ADDRESS	1495 GARTH GATE LANE
CITY-ST-ZIP	CHARLOTTESVILLE, VA 22901
TITLE	D
NAME	SCHLOSSER, WENDY W
STREET ADDRESS	238 DUNN ROAD
CITY-ST-ZIP	BELGRADE, ME 04917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80010-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

772-234-4052

Daytime Phone #