

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 14, 2011
Secretary of State

DOCUMENT# N06000004775

Entity Name: PINSON FOUNDATION, INC.**Current Principal Place of Business:**150 DUNBAR AVENUE
SUITE C
OLSMAR, FL 34677 US**New Principal Place of Business:**146 DUNBAR AVENUE
SUITE D
OLDSMAR, FL 34677 US**Current Mailing Address:**150 DUNBAR AVENUE
SUITE C
OLSMAR, FL 34677 US**New Mailing Address:**146 DUNBAR AVENUE
SUITE D
OLDSMAR, FL 34677 US**FEI Number:** 20-4798342**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PINSON, MICHAEL MR.
2693 BEAUMONT COURT
CLEARWATER, FL 33761 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:** MR
Name: PINSON, MICHAEL
Address: 146 DUNBAR AVENUE SUITE D
City-St-Zip: OLDSMAR, FL 34677 US**Title:** MS
Name: WEST, JAMIE R
Address: 405 S DALE MABRY HWY SUITE 201
City-St-Zip: TAMPA, FL 33609**Title:** MRS
Name: THOMPSON, MITZI J
Address: 146 DUNBAR AVENUE SUITE D
City-St-Zip: OLDSMAR, FL 34677**Title:** MR
Name: TRAENKNER, ANDY
Address: 16626 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL 33523

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: MITZI THOMPSON

MRS

06/14/2011

Electronic Signature of Signing Officer or Director

Date