

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010019

FILED
Apr 16, 2007
Secretary of State

Entity Name: THE PINK PURSE SOCIETY OF JUPITER, FLORIDA, INC.

Current Principal Place of Business:

265 GOLFVIEW DRIVE
TEQUESTA, FL 33489

New Principal Place of Business:

265 GOLFVIEW DRIVE
TEQUESTA, FL 33469

Current Mailing Address:

265 GOLFVIEW DRIVE
TEQUESTA, FL 33489

New Mailing Address:

265 GOLFVIEW DRIVE
TEQUESTA, FL 33469

FEI Number: 20-5618281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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 () Delete
Name: STONE, MAUREN L
Address: 265 GOLFVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33489

Title: V () Delete
Name: HANDEL, ELIZEBETH
Address: 265 GOLFVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33489

Title: T () Delete
Name: MELOY, MARY
Address: 265 GOLFVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33489

Title: S () Delete
Name: HOWS, MARIA
Address: 265 GOLFVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33489

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STONE, MAUREN L
Address: 265 GOLFVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: V (X) Change () Addition
Name: HANDEL, ELIZABETH
Address: 101 OLYMPUS CIRLE
City-St-Zip: JUPITER, FL 33477

Title: T (X) Change () Addition
Name: MELOY, MARY
Address: 11 MARLWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S (X) Change () Addition
Name: HAWS, MARIA
Address: 16330 MELLEEN LANE
City-St-Zip: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREEN L. STONE

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date