2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N06000010019

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

Current Principal Place of Business:

265 GOLFVIEW DRIVE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

265 GOLFVIEW DRIVE
TEQUESTA, FL 33469

New Mailing Address:

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:

STONE, MAUREEN
265 GOLFVIEW DR.
TEQUESTA, FL 33469 US

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: MAUREEN STONE 02/14/2008
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 33469

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

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

Title: S ( ) Delete
Name: HAWS, MARIA
Address: 16330 MELLEN LANE
City-St-Zip: JUPITER, FL 33478

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARY MELOY T 02/14/2008
Electronic Signature of Signing Officer or Director Date