

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010019

FILED  
Apr 29, 2009  
Secretary of State

**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:**

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

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date