

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 005 ****70.00

DOCUMENT # N06000011505
 1. Entity Name
PINK LADY CHARITY, INC.



Principal Place of Business
 221 N. HOGAN STREET #165
 JACKSONVILLE, FL 32202

Mailing Address
 221 N. HOGAN STREET #165
 JACKSONVILLE, FL 32202

40100872



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04272007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 20-5026265

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORD, BENITA
 221 N. HOGAN STREET #165
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Benita Ford* DATE *4/27/07*

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, BENITA		NAME	
STREET ADDRESS 221 N. HOGAN STREET #165		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOTEN, AUDREY		NAME	
STREET ADDRESS 221 N. HOGAN STREET #165		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCOTT, DARRICK		NAME	
STREET ADDRESS 221 N. HOGAN STREET #165		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, MONICA		NAME	
STREET ADDRESS 221 N. HOGAN STREET #165		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACKWELL, STEPHEN		NAME	
STREET ADDRESS 221 N. HOGAN STREET #165		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 and empowered.

SIGNATURE: *Benita Ford* DATE: *4/27/07* DAYTIME PHONE #: *904563-4481*