

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 15, 2008  
Secretary of State

DOCUMENT# N06000011505

Entity Name: PINK LADY CHARITY, INC.

**Current Principal Place of Business:**

221 N. HOGAN STREET #165  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

221 N. HOGAN STREET #165  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 20-5026265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FORD, BENITA  
221 N. HOGAN STREET #165  
JACKSONVILLE, FL 32202      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ED      ( ) Delete  
Name: FORD, BENITA  
Address: 221 N. HOGAN STREET #165  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P      ( ) Delete  
Name: WOOTEN, AUDREY  
Address: 221 N. HOGAN STREET #165  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP      ( ) Delete  
Name: SCOTT, DARRICK  
Address: 221 N. HOGAN STREET #165  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T      ( ) Delete  
Name: BROWN, MONICA  
Address: 221 N. HOGAN STREET #165  
City-St-Zip: JACKSONVILLE, FL 32202

**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: BENITA FORD, EXECUTIVE DIRECTOR

ED

05/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date