

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001987

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PINEAPPLE ORANGE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

14909 HORSESHOE TRACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

14909 HORSESHOE TRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 26-2458589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOWARD K. COATES, JR., P.A.  
12012 SOUTH SHORE BOULEVARD  
STE. 107  
WELLINGTON, FL FL 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: D ( ) Delete  
Name: RICE, DIANE  
Address: 14909 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D ( ) Delete  
Name: MACNAK, PHILIP P  
Address: 14909 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D ( ) Delete  
Name: GARGOLES, ARSENIA  
Address: W-10 463 GUAVA ROAD, VILLA BENITA  
City-St-Zip: CABANATUAN CITY, NUEVE ECIJA, RP 3100 RP

**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:

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: PHILIP P. MACNAK

D

04/28/2008

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

\_\_\_\_\_  
Date