

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006567

FILED
May 01, 2009
Secretary of State

Entity Name: CHARITY EVENTS, INC.

Current Principal Place of Business:

3437 RIVERLAND RD.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

1200 4TH STREET
SUITE 155
KEY WEST, FL 33040 37

Current Mailing Address:

3437 RIVERLAND RD.
FT. LAUDERDALE, FL 33312

New Mailing Address:

1200 4TH STREET
SUITE
KEY WEST, FL 33040 37

FEI Number: 20-5794280 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:

TAX TEAM INC.
8569 PINES BLVD
STE 214
PEMBROKE PINES, FL 33024 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: PIKE, STEVEN
Address: 1824 FLAGLER AVE., STE 155
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: HILLER, SHIRLEE
Address: 2925 PATERSON AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: STOCKI, THADDEUS
Address: 1000 ST. CHARLES PLACE #409
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STOCKI, MARIANNE
Address: 1000 ST. CHARLES PLACE #409
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: TINDEL, JEANNE
Address: 1213 14TH ST #3
City-St-Zip: KEY WEST, FL 33040

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:

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: STEVEN PIKE

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date