2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DOCUMENT # N21874 1. Entity Name 05-05-2006 90189 049 ****61.25 UU IN THE PINES, INC. Principal Place of Business Mailing Address 7029 CEDAR LANE 7029 CEDAR LANE BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2845713 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAGAN, SUZANNE G Street Address (P.O. Box Number is Not Acceptable) 7029 CEDAR LANE **BROOKSVILLE FL 34601** 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 Signature, typed or printed name of jugistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TM ☐ Delete TITLE ☐ Change X Addition GAGAN, SUZANNE G. . Thorn Foley 9160 54th Street N NAME NAME 7029 CEDAR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP Pinellas Purk FL 33982 TITLE Delete TITLE ☐ Change X Addition EVANS, HAROLD Bill Danek NAME NAME 2013 Bedford Drive STREET ADDRESS 7326 4TH AVE N STREET ADDRESS SAINT PETERSBURG FL 33710 Sun City Center FL 33513 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition BIT Norsworthy MARIANNE, DAVIS NAME NAME 1759 Lakelypress Dine Safety Harbor FL 34695 STREET ADDRESS 860 VIRGINIA STREET # 203 STREET ADDRESS CITY-ST-ZIP **DUNDELON FL 34689** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MICKLEWRIGHT, DONALD Ellen Peterson NAME STREET ADDRESS 2015 CHARMS COURT STREET ADDRESS POB 345 CITY-ST-7IP LAKELAND FL 33813 CITY-ST-ZIP TITLE Delete Change ☐ Addition WARE, MAUDE NAME NAME 1876 ARROWWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34453 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition SMITHWICK, MARY NAME NAME PO BOX 26 STREET ADDRESS STREET ADDRESS DE LEON SPRINGS FL 32130 CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: __dunanne

Luzanne Gollif Bagar

april 25 2006 352-796-445

FILED