


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90004 008 ****61.25

DOCUMENT # N21874					
1. Entity Name UU IN THE PINES, INC.					
Principal Place of Business 7029 CEDAR LANE BROOKSVILLE, FL 34601			Mailing Address 7029 CEDAR LANE BROOKSVILLE, FL 34601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2845713	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GAGAN, SUZANNE G 7029 CEDAR LANE BROOKSVILLE, FL 34601				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, THORN		NAME	Foley, Thom	
STREET ADDRESS	9160 54TH STREET N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEK, BILL		NAME	Danek, Bill	
STREET ADDRESS	2013 BEDFORD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORSWORTHY, BILL		NAME	Norsworthy, Bill	
STREET ADDRESS	1759 LAKE CYPRESS DRIVE		STREET ADDRESS	4325 Brooker Creek Drive	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLEWRIGHT, DONALD		NAME		
STREET ADDRESS	2015 CHARMS COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, MAUDE		NAME		
STREET ADDRESS	1876 ARROWWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34453		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHWICK, MARY		NAME		
STREET ADDRESS	PO BOX 26		STREET ADDRESS		
CITY-ST-ZIP	DE LEON SPRINGS, FL 32430		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 empowered.					
SIGNATURE: <u>Suzanne Goltz Gagan</u>		Date: <u>9/6/07</u>		Daytime Phone #: <u>852-796-4457</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Suzanne Goltz Gagan, Trustee					

11- Additions

TP

Harold Evans

7326 4th Avenue N

St. Petersburg FL 33710

TT

Marianne Davis

860 Virginia Street #203

Dunedin FL 34698

T

Ellen Peterson

PO Box 345

Esterro FL 33928

T

Suzanne Gagan

7029 Cedar Lane

Brooksville FL 34601

ATTACHMENT

40131943

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