

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30277

FILED
Apr 14, 2010
Secretary of State

Entity Name: PASTEL SOCIETY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

259 SAN JUAN AVENUE
SEAGROVE BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5133
FT WALTON BCH, FL 32549 US

New Mailing Address:

FEI Number: 59-2964610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLE, MELODY MS
259 SAN JUAN AVENUE
SEAGROVE BEACH, FL 32459 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: P
Name: BOGLE, MELODY
Address: 259 SAN JUAN AVENUE
City-St-Zip: SEAGROVE, FL 32459

Title: VP
Name: RAEURN, CARRIE MRS
Address: 262 COUNTY ROAD #664
City-St-Zip: COFFEE SPRINGS, AL 36318

Title: D
Name: CHESTER, CRIS
Address: 9 COUNTRY CLUB RD.
City-St-Zip: SHALIMAR, FL 32579

Title: T
Name: CARNELL, ELIZABETH MRS
Address: 6326 AUGUSTA COVE
City-St-Zip: DESTIN, FL 32541

Title: S
Name: LONG, TERRY MRS
Address: 321 STILLWATER COVE
City-St-Zip: DESTIN, FL 32541

Title: D
Name: SIMPSON, MARILYN
Address: 2991 HWY 98 W.
City-St-Zip: MARY ESTHER, FL 32569

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH CARNELL

T

04/14/2010

Electronic Signature of Signing Officer or Director

Date