

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708864

**Entity Name:** PINE CASTLE, INC.

**Current Principal Place of Business:**

4911 SPRING PARK ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4911 SPRING PARK ROAD  
JACKSONVILLE, FL 32207

**FEI Number:** 59-0704733

**Certificate of Status Desired:** Yes

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

MAY, JONATHAN W  
4911 SPRING PARK ROAD  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title M  
Name MAY, JONATHAN W  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name HENRY, JIM  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name FINLEY, RENEE  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT  
Name ROWLAND, DAVID  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name MOORE, JAMES  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name ANDERSON, TIM  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name ORR, SUZY  
Address 4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** JONATHAN MAY

CEO

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date