

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744536

Entity Name: IN THE PINES, INC.

Current Principal Place of Business:

16101 HALF MILE RD
BLDG. D OFFICE
DELRAY BEACH, FL 33446

Current Mailing Address:

16101 HALF MILE RD
BLDG. G OFFICE
DELRAY BEACH, FL 33446 US

FEI Number: 59-1862904

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORAY, GERALD A
16101 HALF MILE RD, BLDG. D OFC
DELRAY BEACH, FL 33446 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: GERALD A. GORAY

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name VASSALLO, SAMANTHA
Address 16101 HALF MILE RD D OFC
City-State-Zip: DELRAY BEACH FL 33446

Title PD
Name GORAY, GERALD A. PRS.
Address 16101 HALF MILE RD., BLDG. D OFFICE
City-State-Zip: DELRAY BEACH FL 33446

Title TRUSTEE
Name MCCLENEGHEN, SCOTT
Address 16101 HALF MILE ROAD BLDG. D OFFICE
City-State-Zip: DELRAY BEACH FL 33446

Title TRUSTEE
Name EZRATTI, MISHA
Address 16101 HALF MILE ROAD BLDG. D OFFICE
City-State-Zip: DELRAY BEACH FL 33446

Title TRUSTEE
Name ADKINS, PAUL
Address 16101 HALF MILE RD. BLDG. D OFFICE
City-State-Zip: DELRAY BEACH FL 33446

Title TRUSTEE
Name ROSS, KRISTEN
Address 16101 HALF MILE RD. BLDG. D OFFICE
City-State-Zip: DELRAY BEACH FL 33446

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: GERALD A. GORAY

PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date