

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744536

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC8529758248**

**Entity Name:** IN THE PINES, INC.

**Current Principal Place of Business:**

16101 HALF MILE RD  
BLDG. G 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. G 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MAGUIRE, STEVE  
Address 16101 HALF MILE RD BLDG. G OFC  
City-State-Zip: DELRAY BEACH FL 33446

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

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

Title DIRECTOR  
Name MAGUIRE, PATRICIA  
Address 16101 HALF MILE ROAD  
City-State-Zip: DELRAY BEACH FL 33446

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

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

Title DIRECTOR  
Name CAMPBELL, MICHAEL  
Address 16101 HALF MILE ROAD BLDG.G OFFICE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name ADKINS, PAUL  
Address 16101 HALF MILE RD BLDG. G 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**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date