## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 744536** 

Entity Name: IN THE PINES, INC.

Mar 15, 2022 Secretary of State 0951630438CC

**FILED** 

## **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: No

## Name and Address of Current Registered Agent:

MCCLENEGHEN, SCOTT J 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: SCOTT MCCLENEGHEN 03/15/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SD Title VP, /TREASURER
Name VASSALLO, SAMANTHA Name GORAY, BRIAN

Address 16101 HALF MILE RD D OFC Address 16101 HALF MILE RD., BLDG, D

OFFICE

City-State-Zip: DELRAY BEACH FL 33446

City-State-Zip: DELRAY BEACH FL 33446

Title TRUSTEE Title TRUSTEE

Name EZRATTI, MISHA Name ADKINS, PAUL

Address 16101 HALF MILE ROAD BLDG. D
OFFICE Address 16101 HALF MILE RD. BLDG. D

OFFICE Address 16101 HALF MILE RD.
OFFICE

City-State-Zip: DELRAY BEACH FL 33446

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: BRIAN GORAY VICE PRESIDENT 03/15/2022