2024 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: 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 01/17/2024

Electronic Signature of Registered Agent

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 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 H
OFFICE

te-Zip: DELRAY BEACH FL 33446

City-State-Zip: DELRAY BEACH FL 33446

City-State-Zip: DELRAY BEACH FL 33446

Title TRUSTEE

Name ROSS, KRISTEN

SIGNATURE: BRIAN GORAY

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.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/17/2024 Date

Date

FILED Jan 17, 2024

Secretary of State

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