

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007172

Entity Name: PINEY GROVE BOYS ACADEMY, INC.**Current Principal Place of Business:**4699 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313**Current Mailing Address:**4699 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313**FEI Number:** 46-0645965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLDEN, BOB
4699 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313 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	P
Name	WEST, PATRICIA
Address	4510 NW 25TH ST.
City-State-Zip:	LAUDERHILL FL 33313

Title	S
Name	BENJAMIN, JOSEFA
Address	619 LAKEVIEW DR.
City-State-Zip:	CORAL SPRINGS FL 33071

Title	T
Name	BRIHM, ANTONIO
Address	2710 NW 7TH ST.
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	V
Name	WALKER, THOMAS
Address	3493 INVERRARY BLVD, W
City-State-Zip:	LAUDERHILL FL 33319

Title	D
Name	THOMAS, SANDRA
Address	3860 LOMBARDY ST.
City-State-Zip:	HOLLYWOOD FL 33021

Title	M
Name	CUMMINGS, BEAUREGARD
Address	1710 NW 27TH AVE.
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	M
Name	SILAS, DEAN
Address	27 ROOSEVELT PL. UNIT 1
City-State-Zip:	BROOKLYN NY 11233

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: PATRICIA WEST**PRESIDENT****02/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date