

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004965

**Entity Name:** CHARITY'S PLACE INC.**Current Principal Place of Business:**1322 OAK POND ST.  
RUSKIN, FL 33570**Current Mailing Address:**1322 OAK POND ST.  
RUSKIN, FL 33570 US**FEI Number:** 81-2572609**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GILBERT, PATHENIA  
1322 OAK POND ST.  
RUSKIN, FL 33570 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            PRESIDENT  
Name           TURNER, FAITH  
Address        1322 OAK POND ST.  
City-State-Zip: RUSKIN FL 33570

Title            VP  
Name           SIMMONS, SELPHENIA  
Address        PO BOX 4283  
City-State-Zip: TAMPA FL 33677

Title            DIRECTOR  
Name           SHAW-COLE, VALORA  
Address        6702-A EAST FOWLER STE 161  
City-State-Zip: TAMPA FL 33617

Title            TREASURER, SECRETARY  
Name           VALENTINE-MILLER, BARBARA  
Address        9921 WILTSHIRE MANOR DRIVE  
                    101  
City-State-Zip: RIVERVIEW FL 33578

Title            CEO  
Name           GILBERT, PATHENIA  
Address        1322 OAK POND ST.  
City-State-Zip: RUSKIN FL 33570

Title            DIRECTOR  
Name           TRONCO, TRACY  
Address        1322 OAK POND ST.  
City-State-Zip: RUSKIN FL 33570

*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:** PATHENIA GILBERT

CEO

04/30/2017

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