

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24233

FILED
Apr 01, 2011
Secretary of State

Entity Name: MARION PINES PIONEERS, INC.

Current Principal Place of Business:

2828 NE 49 AVENUE
BOX 129
OCALA, FL 34470

New Principal Place of Business:

2828 NE 49 AVENUE
BOX 125
OCALA, FL 34470

Current Mailing Address:

2828 NE 49 AVENUE
BOX 129
OCALA, FL 34470

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASHAM, MARY E
2828 NE 49 AVENUE
BOX 129
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GREEN, MICHAEL
Address: 2828 NE 49TH AVE #121
City-St-Zip: Ocala, FL 34470

Title: 1STV
Name: SOMAY, MEHMET
Address: 2828 NE 49TH AVE #40
City-St-Zip: Ocala, FL 34470

Title: 2VP
Name: HAYES, ROLAND
Address: 2828 NE 49TH AVE #145
City-St-Zip: Ocala, FL 34470

Title: SD
Name: BASHAM, MARY
Address: 2828 NE 49TH AVE #129
City-St-Zip: Ocala, FL 34470

Title: TD
Name: BOSCO, CAROL
Address: 2828 NE 49 AVENUE #141
City-St-Zip: Ocala, FL 34470

Title: D
Name: BERRY, RICHARD
Address: 2828 NE 49TH AVE #36
City-St-Zip: Ocala, FL 34470

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: MARY E. BASHAM

SD

04/01/2011

Electronic Signature of Signing Officer or Director

_____ Date