

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702355 (9)
1. Corporation Name
PIONEER FLORIDA MUSEUM ASSOCIATION, INCORPORATED



Principal Place of Business
15602 PIONEER MUSEUM RD
DADE CITY FL 33525
US

Mailing Address
P O BOX 335
DADE CITY FL 33526-0335
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1961		3a. Date of Last Report 03/30/1995	
21		26		4. FEI Number 59-1005484		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MCCLAIN, JOE A.
37908 CHURCH AVE
DADE CITY FL 33525

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROZAR, LUTHER			1.2 NAME			
STREET ADDRESS	13238 CURLEY RD			1.3 STREET ADDRESS			
CITY-STATE-ZIP	SAN ANTONIO FL			1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	Y	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	BROWN, LEE G			2.2 NAME			
STREET ADDRESS	13351 10 ST			2.3 STREET ADDRESS			
CITY-STATE-ZIP	DADE CITY, FL 00000			2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	KIRKLAND, MARY ANN			3.2 NAME			
STREET ADDRESS	8656 CURLEY RD			3.3 STREET ADDRESS			
CITY-STATE-ZIP	SAN ANTONIO FL			3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	HAMMOND, BETH			4.2 NAME			
STREET ADDRESS	34008 ST. JOE ROAD			4.3 STREET ADDRESS			
CITY-STATE-ZIP	DADE CITY FL			4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE			
NAME	BROCK, MARY L			5.2 NAME			
STREET ADDRESS	14319 ANDERSON DR			5.3 STREET ADDRESS			
CITY-STATE-ZIP	DADE CITY FL			5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE			
NAME	HUNT, RICHARD			6.2 NAME			
STREET ADDRESS	16520 JESSAMINE RD			6.3 STREET ADDRESS			
CITY-STATE-ZIP	DADE CITY FL			6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE G. BROWN, TREASURER

Feb. 28, 1996 352-567-2023

DATE

DAYTIME PHONE #

CR2E037 (12/95)