

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702355

Entity Name: PIONEER FLORIDA MUSEUM ASSOCIATION, INCORPORATED**Current Principal Place of Business:**15602 PIONEER MUSEUM ROAD
DADE CITY, FL 33523**Current Mailing Address:**P O BOX 335
DADE CITY, FL 33526-0335 US**FEI Number:** 59-1005484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACK, STEPHANIE A
15602 PIONEER MUSEUM ROAD
PO BOX 335
DADE CITY, FL 33526 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:** STEPHANIE A BLACK

04/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	2ND VICE PRESIDENT
Name	BOLES, KELLY
Address	32630 TIMBER HILL DR
City-State-Zip:	DADE CITY FL 33523

Title	TREASURER
Name	LEA, MELISSA J
Address	38311 RUTH AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33540

Title	FIRST VICE PRESIDENT
Name	ALEXANDER, JOSEPH
Address	17131 SPRING BRANCH RD
City-State-Zip:	DADE CITY FL 33523

Title	PRESIDENT
Name	HANCOCK, JANE
Address	31107 BLANTON ROAD
City-State-Zip:	DADE CITY FL 33523

Title	DIRECTOR
Name	BLACK, STEPHANIE A
Address	PO BOX 335
City-State-Zip:	DADE CITY FL 33526

Title	SECRETARY
Name	FOWLER, MELISSA
Address	P.O. BOX 335
City-State-Zip:	DADE CITY FL 33526

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: STEPHANIE A BLACK**DIRECTOR**

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date