

**2014 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:**

LEA, MELISSA J  
14350 10TH STREET  
DADE CITY, FL 33523 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:** MELISSA J. LEA

03/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	FIRST VICE PRESIDENT/DIRECTOR
Name	SUMNER, ROBERT K	Name	LEA, MELISSA J
Address	11851 WICHER ROAD	Address	38311 RUTH AVENUE
City-State-Zip:	SAN ANTONIO FL 33576	City-State-Zip:	ZEPHYRHILLS FL 33540
Title	SD	Title	T
Name	SHELTON, SUSAN	Name	GREGG, BILL
Address	40010 RIVER ROAD	Address	PO BOX 1222
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33526
Title	SECOND VICE PRESIDENT/DIRECTOR		
Name	FUTCH, LELA		
Address	36126 SAINT JOE ROAD		
City-State-Zip:	DADE CITY FL 33525		

*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:** ROBERT K SUMNER

**PRESIDENT**

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date