

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24233

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC8288523835**

**Entity Name:** MARION PINES PIONEERS, INC.

**Current 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

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROTMAN, CASSIE A.  
2828 NE 49 AVENUE  
BOX 125  
OCALA, FL 34470 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:** CASSIE A. ROTMAN

04/05/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RYAN, DOROTHY  
Address 2828 NE 49TH AVE  
LOT 10  
City-State-Zip: Ocala FL 34470

Title 1STV  
Name BASHAM, FRED  
Address 2828 NE 49TH AVE  
LOT 129  
City-State-Zip: Ocala FL 34470

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

Title SD  
Name ROTMAN, CASSIE A.  
Address 2828 NE 49TH AVE  
LOT 70  
City-State-Zip: Ocala FL 34470

Title TD  
Name ROSS, MARILYN  
Address 2828 NE 49 AVENUE  
LOT 93  
City-State-Zip: Ocala FL 34470

Title D  
Name BERRY, RICHARD  
Address 2828 NE 49TH AVE  
LOT 36  
City-State-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:** CASSIE A. ROTMAN

**SECRETARY**

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date