

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003735

Entity Name: PANHANDLE PIONEER SETTLEMENT, INC.**Current Principal Place of Business:**17869 NW PIONEER SETTLEMENT RD
BLOUNTSTOWN, FL 32424**Current Mailing Address:**P.O. BOX 215
BLOUNTSTOWN, FL 32424**FEI Number:** 59-3198852**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, WILLARD
16303 NW WILLARD SMITH RD
BLOUNTSTOWN, FL 32424 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SMITH, WILLARD MR
Address 16303 NW WILLARD SMITH RD
City-State-Zip: BLOUNTSTOWN FL 32424

Title VICE-PRESIDENT
Name JEFF, SEAY
Address 20102 SW JUNIPER RD
City-State-Zip: BLOUNTSTOWN FL 32424

Title MEMB
Name WHITE, DAVID
Address 19173 NW CR 275
City-State-Zip: BLOUNTSTOWN FL 32424

Title OFFICER
Name BAKER, VIRGINIA N.
Address P.O. BOX 215
City-State-Zip: BLOUNTSTOWN FL 32424

Title TREASURER
Name JOHNSON, HOWARD JR
Address PO BOX 776
City-State-Zip: BLOUNTSTOWN FL 32424

Title SEC
Name BAKER, ROSETTA
Address 12230 NW SMITH CR
City-State-Zip: BRISTOL FL 32321

Title BOARD MEMBER, CFO
Name BAKER, VIRGINIA S.
Address P.O. BOX 215
City-State-Zip: BLOUNTSTOWN FL 32424

Title OFFICER
Name VOSS, ROBERT
Address P.O. BOX 215
City-State-Zip: BLOUNTSTOWN FL 32424

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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: WILLARD SMITH**FOUNDER****01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	THRONE, BARBARA JEAN
Address	P.O. BOX 215
City-State-Zip:	BLOUNTSTOWN FL 32424