


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 702355 1. Entity 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
--	---



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1005484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OWENS, ROBERT 13951 7TH ST STE 11 DADE CITY, FL 33525
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMNER, ROBERT 6448 RIVER RD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, ROBERT W 37411 HICKORY HILL LN DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTLE, L. RABUN 37603 CHURCH AVE. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BABB, LINDA 33750 WILIAMS CEMETARY RD SAN ANTONIO, FL 33575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRMANN, EDDIE 35730 BLANTON ROAD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEW, WILBUR 10550 FT KING ROAD DADE CITY, FL 33525

000000399585
02/01/06-80017-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert W. Owens** **1/12/06** **352-567-3378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #