


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State

06-20-2007 90001 034 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1005484	
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			7. Name and Address of New Registered Agent Name Robert Sumner Street Address (P.O. Box Number is Not Acceptable) 15602 Pioneer Museum Rd City Dade City FL Zip Code 33523		
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 <u><i>Robert K. Sumner</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>6/4/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMNER, ROBERT 6448 RIVER RD NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, ROBERT W 37411 HICKORY HILL LN DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREGG, WILLIAM G. P.O. BOX 1222 DADE CITY, FL 33526-1222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTLE, L. RABUN 37603 CHURCH AVE. DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BABB, LINDA 33750 WILLIAMS CEMETARY RD SAN ANTONIO, FL 33575	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	33723 Sicker Rd Dade City FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRMANN, EDDIE 35730 BLANTON ROAD DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEW, WILBUR 10550 FT KING ROAD DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Robert K. Sumner, President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>6/4/07</u> <small>Date</small>		
<small>Daytime Phone #</small>					