


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90015 002 ****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		4. FEI Number 59-1005484	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMNER, ROBERT 15602 PIONEER MUSEUM RD DADE CITY, FL 33523				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREGG, WILLIAM G PO BOX 1222 DADE CITY, FL 33526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14144 6th Street Dade City, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BABB, LINDA 33723 SICKLER RD DADE CITY, FL 33523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D <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	D <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 another like empowered.					
SIGNATURE: <i>Christina Smith</i> Christina Smith 1/24/08 352-567-0262					

ATTACHMENT

40012404

702355

Florida Pioneer Museum Association Incorporated
Document # 702355
2008 Not-For-Profit Corporation Annual Report

VD
Nellie Robinson
11514 Bloomington Court
New Port Richey, FL 33654

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D
Sharon Sumner
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AVD
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Dade City, FL 33525

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Dade City, FL 33525

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Dade City, FL 33525

SD
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D
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19614 Bower Road
Lacoochee, FL 33523

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Dade City, FL 33523

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New Port Richey, FL 34652

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Land O' Lakes, FL 33559

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32532 Greenwood Loop
Wesley Chapel, FL 33545

D
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