

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702355

FILED
Apr 27, 2010
Secretary of State

Entity Name: PIONEER FLORIDA MUSEUM ASSOCIATION, INCORPORATED

Current Principal Place of Business:

15602 PIONEER MUSEUM RD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 335
DADE CITY, FL 335260335 US

New Mailing Address:

FEI Number: 59-1005484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMNER, ROBERT
15602 PIONEER MUSEUM RD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SIEGEL, LUNELLE
Address: 606 VANDERBAKER RD
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: VD
Name: HOBBY, CLYDE
Address: 6190 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD
Name: FUTCH, SUZANNE
Address: PO BOX 607
City-St-Zip: DADE CITY, FL 33526 US

Title: T
Name: DELONG, DONNA
Address: P O BOX 839
City-St-Zip: DADE CITY, FL 33526 US

Title: VD
Name: FUTCH, LELA
Address: P O BOX 607
City-St-Zip: DADE CITY, FL 33526 US

Title: D
Name: HERRMANN, EDDIE
Address: 35730 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33525 US

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: SUZANNE FUTCH

SEC

04/27/2010

Electronic Signature of Signing Officer or Director

Date