

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702355

**FILED**  
**Jan 05, 2011**  
**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: SUMNER, ROBERT K  
Address: 11851 WICHER ROAD  
City-St-Zip: SAN ANTONIO, FL 33576 US

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

Title: SD  
Name: DENNISON, JAMES A  
Address: 11305 ORANGE TREE RD  
City-St-Zip: DADE CITY, FL 33525 US

Title: T  
Name: GREGG, BILL  
Address: PO BOX 1222  
City-St-Zip: DADE CITY, FL 33526 US

Title: VD  
Name: LANIGAN, DOLORES  
Address: 37821 WILLINGHAM AVE  
City-St-Zip: DADE CITY, FL 33525 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: ROBERT K SUMNER

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date