

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702355

FILED
Apr 16, 2012
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:

HOBBY, CLYDE
15602 PIONEER MUSEUM RD
DADE CITY, FL 33523 US

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: CLYDE HOBBY

04/16/2012

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: FUTCH, LELE
Address: 36126 SAINT JOE ROAD
City-St-Zip: DADE CITY, FL 33525 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 KEITH SUMNER

PRES

04/16/2012

Electronic Signature of Signing Officer or Director

Date