

702355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

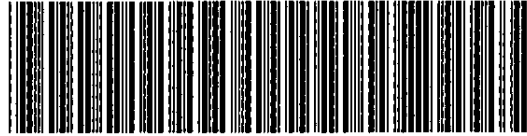
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Charge

APR 19 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pioneer Florida Museum Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 702355

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOBBY CLYDE
Name of Contact Person

PIONEER FLORIDA MUSEUM ASSOCIATION, INC.
Firm/Company

15602 PIONEER MUSEUM RD
Address

DADE CITY FL 33523
City/State and Zip Code

curator@pioneerfloridamuseum.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Russ at (352) 567-0262
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pioneer Florida Museum Association, Incorporated
2. The principal office address: 15602 PIONEER MUSEUM RD, Dade City, FL 33525
3. The mailing address (if different): P O BOX 335, DADE CITY, FL 33526-0335
4. Date of incorporation/qualification: 04/28/1961 Document number: 702355
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBERT SUMNER

15602 PIONEER MUSEUM RD

DADE CITY FL 33523

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CLYDE HOBBY

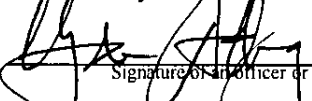
~~15602 PIONEER MUSEUM RD~~ 5709 Tidlewave Dr.

P.O. Box NOT acceptable

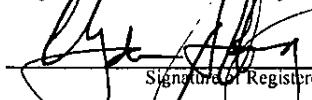
~~DADE CITY FL 33523~~ New Port Richey, 34652

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

 Robert Keith Sumner ROBERT KEITH SUMNER (PRES.)
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 April 16, 2012
Signature of Registered Agent Date

If signing on behalf of an entity:

Clyde Hobby

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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