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Jun 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722757 (2)
1. Corporation Name
PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.



Principal Place of Business Mailing Address
2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON FL 33440
2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON FL 33440-9610

3. Date Incorporated or Qualified 02/24/1972 3a. Date of Last Report 04/19/1996

2. Principal Place of Business 2a. Mailing Address
21 2499 Hendry Isles Blvd 26 2499 Hendry Isles Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Rt #2 Box 1290 27 Rt #2 Box 1290
City & State City & State
23 Clewiston Fl 28 Clewiston Fl
Zip Country Zip Country
24 33440 25 33440 29 33440-9610 30

4. FEI Number 59-2369541 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JAHN, GLEN R.
2499 HENDRY ISLES BLVD
RT. 2, BOX 1290
CLEWISTON FL 33440
CK1304

10. Name and Address of New Registered Agent
81 Name Timms Edith
82 Street Address (P.O. Box Number is Not Acceptable) 2499 Hendry Isles Blvd.
83 Rt #2 Box 1290
84 City Clewiston FL 85 Zip Code 33440

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Edith Timms Edith Timms 4-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☒ DELETE
NAME JAHN, GLEN R.
STREET ADDRESS 2101 TAMPA AVE
CITY-ST-ZIP CLEWISTON FL
TITLE VD ☐ DELETE
NAME TIMMS, EDITH
STREET ADDRESS 4550 23 ST
CITY-ST-ZIP CLEWISTON FL
TITLE SD ☐ DELETE
NAME ALBERT, MANNUEL
STREET ADDRESS 5065 4 ST
CITY-ST-ZIP CLEWISTON FL
TITLE TD ☐ DELETE
NAME SHIRLEY CRUMB
STREET ADDRESS FLAMINGO AVE
CITY-ST-ZIP CLEWISTON FL
TITLE D ☐ DELETE
NAME TIMMS, RAYMOND
STREET ADDRESS 4550 23 ST
CITY-ST-ZIP CLEWISTON FL
TITLE D ☐ DELETE
NAME ALBERT, SHARYN
STREET ADDRESS 5065 4TH ST
CITY-ST-ZIP CLEWISTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Timms, Edith
1.3 STREET ADDRESS 4550 23rd St
1.4 CITY-ST-ZIP Clewiston Fl. 33440
2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Albert, Sharyn
2.3 STREET ADDRESS 5065 4th St
2.4 CITY-ST-ZIP Clewiston Fl 33440
3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Crumb, Shirley
3.3 STREET ADDRESS Flamingo Ave
3.4 CITY-ST-ZIP Clewiston Fl 33440
4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Jones, Sherry
4.3 STREET ADDRESS POB 1593 N/A
4.4 CITY-ST-ZIP Clewiston Fl 33440-1593
5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME Timms, Raymond
5.3 STREET ADDRESS 4550 23rd St
5.4 CITY-ST-ZIP Clewiston Fl 33440
6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Albert, mannuel
6.3 STREET ADDRESS 5065 4th St
6.4 CITY-ST-ZIP Clewiston Fl 33440

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)