2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 722757

Entity Name: PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.

Current Principal Place of Business:

2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

2499 HENDRY ISLES BLVD.
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-2369541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMMS, EDITH
2499 HENDRY ISLES BLVD.
RT 2, BOX 1290
CLEWISTON, FL 33440 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 ( ) Delete
Name: TIMMS, EDITH
Address: 4550 23RD ST
City-St-Zip: CLEWISTON, FL

Title: SD ( ) Delete
Name: DANIEL, ARTHUR
Address: 2851 HENDRY ISLES BLVD
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: SEYMOUR, GAIL
Address: 890 ARCADIA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VD ( ) Delete
Name: TIMMS, RAYMOND
Address: 4550 23RD ST
City-St-Zip: CLEWISTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDITH TIMMS MRS 01/05/2009
Electronic Signature of Signing Officer or Director — Date