2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 732852

Entity Name: CLIPPER PIONEERS, INC.

Current Principal Place of Business:

192 FOURSOME DR
SEQUIM, WA 98382

New Principal Place of Business:

Current Mailing Address:

C/O JERRY HOLMES
192 FOURSOME DR
SEQUIM, WA 98382

New Mailing Address:

192 FOURSOME DR
SEQUIM, WA 98382

FEI Number: 59-1905382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSIDY, GERALD W
14530 SW 93 TERRACE
MIAMI, FL 33186 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:	T	( ) Delete
Name:	HOLMES, JERRY	
Address:	192 FOURSOME DR	
City-St-Zip:	SEQUIM, WA 98382	
Title:	P	( ) Delete
Name:	DALE, ALAN	
Address:	40 BRITTANIA DR.	
City-St-Zip:	DANBURY, CT 06811	
Title:	VP	( ) Delete
Name:	STEVENS, WILLIAM	
Address:	193 FRANKLIN DR. EXT.	
City-St-Zip:	DANBURY, CT 06811	
Title:	S	( ) Delete
Name:	SPENCER, CHARLES	
Address:	3TH OMEN FARM RD.	
City-St-Zip:	BROOKFIELD, CT 06804	
Title:	D	( ) Delete
Name:	CASSIDY, GERALD W	
Address:	14530 SW 93 TERR.	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	BENEFIELD, WILLIAM H	
Address:	1261 ALGARDI AVE.	
City-St-Zip:	MIAMI, FL 33146	

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:	
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: JERRY HOLMES T 01/14/2009

Electronic Signature of Signing Officer or Director — Date