

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734464

(1)

1. Corporation Name

SUNSHINE PIONEER CLUB, INC.



Principal Place of Business

Mailing Address

BARBARA PACE
17625 GROVE VIEW DR.
LUTZ FL 33549

BARBARA PACE
17625 GROVE VIEW DR.
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/02/1975

3a. Date of Last Report
12/26/1995

4. FEI Number
59-1659295

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

10. Name and Address of New Registered Agent

PACE, BARBARA
17625 GROVE VIEW DR.
LUTZ FL 33549

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 NAME STREET ADDRESS CITY - ST - ZIP

P PACE, BARBARA
17625 GROVE VIEW DR.
LUTZ FL 33549

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VP GREENWARD, MARK
7311 EGYPT LAKE DR.
TAMPA FL 33614

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D CARPENTER, E.W.
2720 5TH ST. E.
BRADENTON FL 34208

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VP CARL BUCKELEW
GTE MC 4007
SARASOTA FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D FARRAND, TOM
6226 NINTH AVE. S.
ST. PETE. FL 33707

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DIRECTOR
E.W. CARPENTER - D
2720 5TH ST. E.
BRADENTON, FL 34208

DIRECTOR
AL CORCORAN - D
1861 Laurelwood LN - D
DUNEDIN, FLA 34698

DIRECTOR
TOM FARRAND - D
6226 NINTH AVE. S.
ST. PETE, FL 33707

TREASURER
ELIZABETH SANCHEZ - T
12002 VERA AVE
TAMPA, FLA 33615

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)