

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90003 023 \*\*\*\*61.25

**DOCUMENT # 734464**

1. Corporation Name

**SUNSHINE PIONEER CLUB, INC.**

Principal Place of Business

%BARBARA PACE  
17625 GROVE VIEW DR.  
LUTZ FL 33549

Mailing Address

%BARBARA PACE  
17625 GROVE VIEW DR.  
LUTZ FL 33549



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/02/1975

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

9. Name and Address of Current Registered Agent

PACE, BARBARA  
17625 GROVE VIEW DR.  
LUTZ FL 33549

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME  
P  
PACE, BARBARA  
STREET ADDRESS  
17625 GROVE VIEW DR.  
CITY-ST-ZIP  
LUTZ FL 33549

TITLE ☐ DELETE

NAME  
VP  
GREENWARD, MARK  
STREET ADDRESS  
7311 EGYPT LAKE DR.  
CITY-ST-ZIP  
TAMPA FL 33614

TITLE ☐ DELETE

NAME  
D  
E.W., CARPENTER  
STREET ADDRESS  
2720 5TH ST. E.  
CITY-ST-ZIP  
BRADENTON FL 34208

TITLE ☐ DELETE

NAME  
D  
CORCORAN, AL  
STREET ADDRESS  
1861 LAURELLWOOD LANE  
CITY-ST-ZIP  
DUDEDIN FL 34698

TITLE ☐ DELETE

NAME  
D  
FARRAND, TOM  
STREET ADDRESS  
6226 NINTH AVE. S.  
CITY-ST-ZIP  
ST. PETE. FL 33707

TITLE ☐ DELETE

NAME  
ST  
PONCHOT, MARY  
STREET ADDRESS  
18326 OAKLAND DR  
CITY-ST-ZIP  
BROOKSVILLE FL

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

14. I 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, with all other like empowered.

SIGNATURE:

*Barbara Pace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99 813-949-2474

CR2E037 (5/99)