

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737244

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** PIONEER SETTLEMENT FOR THE CREATIVE ARTS, INC.

**Current Principal Place of Business:**

1776 LIGHFOOT LANE  
BARBERVILLE, FL 321050006 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6  
BARBERVILLE, FL 321057006 US

**New Mailing Address:**

P O BOX 6  
BARBERVILLE, FL 321050006 US

**FEI Number:** 59-1783985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LISHEN, ROSS E JR.  
430 EMPORIA ROAD  
PIERSON, FL 32180 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: MCCLANCY, CARL  
Address: 539 MULBERRY ST  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete  
Name: BREEZE, MARILYN  
Address: 5035 DELEON OAKS CT  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: MD ( ) Delete  
Name: LISHEN, ROSE E JR.  
Address: 430 EMPORIA RD.  
City-St-Zip: PIERSON, FL 32180

Title: SD ( ) Delete  
Name: JOHNSON, DIANA  
Address: 225 CARLISLE RD  
City-St-Zip: PIERSON, FL 32180

Title: VD ( ) Delete  
Name: PAULHAMUS, FRANK  
Address: 1950 N. COUNTRY RD  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: CASE, JOHN W  
Address: 131 HIGHLAND AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MD (X) Change ( ) Addition  
Name: LISHEN, ROSS E JR.  
Address: 430 EMPORIA RD.  
City-St-Zip: PIERSON, FL 32180

Title: SD (X) Change ( ) Addition  
Name: JOHNSON, DIANA L  
Address: 225 CARLISLE RD  
City-St-Zip: PIERSON, FL 32180

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: ROSS E. LISHEN, JR

MD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date