


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90083 035 \*\*\*\*61.25

**DOCUMENT # 738346**

1. Entity Name  
**PIONEER PARK FOUNDATION, INC.**



Principal Place of Business 3637 4TH ST N #410 SAINT PETERSBURG, FL 33704 US	Mailing Address 3637 4TH ST N #410 SAINT PETERSBURG, FL 33704 US
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6000012



2. Principal Place of Business - No P.O. Box # <b>949 - 31st Terrace N.E.</b>	3. Mailing Address <b>949 - 31st Terrace N.E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State <b>St. Petersburg, Florida</b>	City & State <b>St. Petersburg, Florida</b>
Zip <b>33704</b>	Country
Country	Zip <b>33704</b>
Country	Country

4. FEI Number <b>59-1728268</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, JOHN L**  
**3637 4TH ST NORTH**  
**SUITE 410**  
**SAINT PETERSBURG, FL 33704**


7. Name and Address of New Registered Agent

Name  
**John L. Green, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**949 - 31st Terrace N. E.**

City  
**St. Petersburg** **FL** Zip Code  
**33704**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MILLER, THOMAS 234 ESTADO WAY SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLS, HELEN D. 1 BCH DR SE ST PETERSBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, JOHN L. JR. 949 31ST TERR NE ST PETERSBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WELLS, PETER B. 500 94TH AVE. N. ST. PETERSBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOWLTON, DAVID H. 1140 42ND AVE. N.E. ST PETERSBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANG, JAMES T 1 BEACH DR SE #1204 ST. PETERSBURG, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: **1/10/07** Daytime Phone #