


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State


DOCUMENT # 738346

1. Entry Name
PIONEER PARK FOUNDATION, INC.



Principal Place of Business 949-31ST TERRACE NE SAINT PETERSBURG, FL 33704 US	Mailing Address 949-31ST TERRACE NE SAINT PETERSBURG, FL 33704 US
---	---

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1728268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JOHN L JR
949-31ST TERRACE NE
SAINT PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

000000800771
 01/31/08-80030-019 61.25

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: *Thomas Miller* **Chairman** 1/15/08 (727) 823-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas Miller, Chairman