2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N08000002597

Entity Name: PIONEER VILLAGE, INC.

Current Principal Place of Business:

601 NORTH FLORIDA AVENUE
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

601 NORTH FLORIDA AVENUE
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 26-2177929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
202 WEST MAIN STREET
SUITE 103
WAUCHULA, FL 33873 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: DP ( ) Delete
Name: WHITE, SHERRY
Address: 313 RIVERSIDE DRIVE
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete
Name: GRACE, KENNY
Address: 3964 SUNSET D RIVE
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: D ( ) Delete
Name: GRACE, PATTY
Address: 3964 SUNSET DRIVE
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: D ( ) Delete
Name: HODGE, MARIE
Address: 754 SUMNER ROAD
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete
Name: CHAPA, DAVID
Address: 2705 STEVE ROBERTS ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHERRY WHITE DP 04/15/2009

Electronic Signature of Signing Officer or Director — Date