

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24233** (1)
1. Corporation Name
MARION PINES PIONEERS, INC.



Principal Place of Business Mailing Address
~~670 MILLE LOMBIE~~ **MARY BASHAM, secy** ~~670 MILLE LOMBIE~~ **MARY BASHAM**
2828 N.E. 49TH AVE #129 2828 N.E. 49TH AVE #129
OCALA FL 34470-3267 OCALA FL 34470-3267
US US

3. Date Incorporated or Qualified **01/06/1988** 3a. Date of Last Report **05/24/1995**
4. FEI Number **NOT APPLICABLE** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2828 N.E. 49th AVE.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#129** 27
City & State City & State
23 **OCALA, FLORIDA** 28
Zip Country Zip Country
24 **34470** 25 **MARION** 29 **30**

9. Name and Address of Current Registered Agent
SREENAN, EDWARD O
2828 N.E. 49TH AVE.
#97
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name **EDWARD O SREENAN**
82 Street Address (P.O. Box Number is Not Acceptable) **2828 N.E. 49th AVE**
83 **#97**
84 City **OCALA** FL 85 Zip Code **34470**

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

12. OFFICERS AND DIRECTORS	
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	BASHAM, FRED
STREET ADDRESS	2828 NE 49TH AVE, LOT # 129
CITY-ST-ZIP	OCALA FL
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	SREENAN, EDWARD O
STREET ADDRESS	2828 N.E. 49TH AVE #97
CITY-ST-ZIP	OCALA FL 34470
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SREENAN, DOROTHY
STREET ADDRESS	2828 N.E. 49TH AVE - LOT #97
CITY-ST-ZIP	OCALA FL
TITLE	D II VICE PRESIDENT AND DIRECTOR <input type="checkbox"/> DELETE
NAME	MARQUETTE, NEAL
STREET ADDRESS	2828 N.E. 49TH AVE #89
CITY-ST-ZIP	OCALA FL 34470
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	BERRY, DICK
STREET ADDRESS	2828 N.E. 49TH AVE LOT #36
CITY-ST-ZIP	OCALA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STORER, DON
STREET ADDRESS	2828 N.E. 49TH AVE. - LOT #2
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOBY OLDEN
1.3 STREET ADDRESS	2828 NE 49th AVE # 119
1.4 CITY-ST-ZIP	OCALA, FL 34470
2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLORIA GREEN
2.3 STREET ADDRESS	2828 N.E. 49th AVE. #123
2.4 CITY-ST-ZIP	OCALA FL 34470
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM KERZIE
3.3 STREET ADDRESS	2828 NE 49th AVE # 98
3.4 CITY-ST-ZIP	OCALA, FL. 34470
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARL DENLINGER
4.3 STREET ADDRESS	2828 NE 49th AVE. #40
4.4 CITY-ST-ZIP	OCALA FL 34470
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BILL PECK
5.3 STREET ADDRESS	2828 NE 49th AVE #147
5.4 CITY-ST-ZIP	OCALA, FL 34470
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GLORIA OLDEN
6.3 STREET ADDRESS	2828 N.E. 49th. AVE #119
6.4 CITY-ST-ZIP	OCALA, FL 34470

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Mary E. Basham* **MARVE. BASHAM, Secretary** Feb. 21, 1996 353-236-3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

OFFICERS AND DIRECTORS
MARION PIONEERS CLUB

Pres. Ed. Sreenan Lot # 97
1st. V.P. Toby Olden Lot # 119
2nd. V.P. Neal Marquette Lot # 89
Treasurer Gloria Green Lot # 123
Secretary Mary Basham # 129

DIRECTORS

Fred Basham Lot # 129
Dick Berry Lot # 36
Cliff Davenport Lot # 145
Carl Denlinger Lot # 40
Bill Kerzic Lot # 38
Neal Marquette Lot # 89
Gloria Olden Lot # 119
Bill Peck Lot # 147