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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthem  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24233 (1)

1. Corporation Name

MARION PINES PIONEERS, INC.

2828 N.E. 49th Ave Ocala, Florida 34470

Principal Place of Business

Mailing Address

C/O MARY E. BASHAM  
2828 NW 49TH AVENUE #129  
OCALA FL 34470  
US

C/O MARY BASHAM  
2828 NE 49TH AVENUE #129  
OCALA FL 34470-3266  
US



3. Date Incorporated or Qualified  
01/06/1988

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SREENAN, EDWARD O  
2828 N.E. 49TH AVE.  
#97  
OCALA FL 34470

81 Name

Neal Marquette

82 Street Address (P.O. Box Number is Not Acceptable)

2828 NE 49th Ave # 89

83

LOT # 89

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

*Neal Marquette*

NEAL MARQUETTE, PRES.

1/31/97

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME BASHAM, FRED  
STREET ADDRESS 2828 NE 49TH AVE, LOT #29  
CITY-ST-ZIP Ocala FL

1.1 TITLE Dir  Change  Addition  
1.2 NAME 1st Vice President  
1.3 STREET ADDRESS Cliff Davenport  
2828 N.E. 49th Ave # 145  
1.4 CITY-ST-ZIP Ocala FL 34470

TITLE  B DIRECTOR  DELETE  
NAME SREENAN, EDWARD O  
STREET ADDRESS 2828 N.E. 49TH AVE #97  
CITY-ST-ZIP Ocala FL

2.1 TITLE 2nd Vice President  Change  Addition  
2.2 NAME Carl Denlinger  
2.3 STREET ADDRESS 2828 N.E. 49th Ave # 40  
2.4 CITY-ST-ZIP Ocala, FL 34470

TITLE D  DELETE  
NAME KERZIC, WILLIAM  
STREET ADDRESS 2828 NE 49TH AVENUE #38  
CITY-ST-ZIP Ocala FL

3.1 TITLE D.I.R  Change  Addition  
3.2 NAME Diana Christensen  
3.3 STREET ADDRESS 2828 NE 49th Ave Lot # 14  
3.4 CITY-ST-ZIP Ocala FL 34470

TITLE  President  DELETE  
NAME MARQUETTE, NEAL  
STREET ADDRESS 2828 N.E. 49TH AVE #89  
CITY-ST-ZIP Ocala FL

4.1 TITLE D  Change  Addition  
4.2 NAME Juanita Troaha  
4.3 STREET ADDRESS 2828 NE 49th Ave # 84  
4.4 CITY-ST-ZIP Ocala FL 34470

TITLE D  DELETE  
NAME BERRY, DICK  
STREET ADDRESS 2828 N.E. 49TH AVE LOT #36  
CITY-ST-ZIP Ocala FL

5.1 TITLE D  Change  Addition  
5.2 NAME Bill Peck  
5.3 STREET ADDRESS 2828 NE 49th Ave #147  
5.4 CITY-ST-ZIP Ocala FL 34470

TITLE D  DELETE  
NAME OLDEN, GLORIA  
STREET ADDRESS 2828 NE 49TH AVENUE #119  
CITY-ST-ZIP Ocala FL

6.1 TITLE Secretary  Change  Addition  
6.2 NAME MARY BASHAM  
6.3 STREET ADDRESS 2828 NE 49th Ave # 129  
6.4 CITY-ST-ZIP Ocala, FL 34470

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Basham* MARY BASHAM, Secy.

1/31/97 352-236-3998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065597

CR2E037 (9/96)