

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 24 233

1. Corporation Name

MARION PINES PIONEERS, INC.

Principal Place of Business

Mailing Address

500002547015
-06/04/98--01010--015
***70.00

3. Date Incorporated or Qualified

JAN. 6, 1988

4. FEI Number

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 4333	26 P.O. Box 4333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Ocala, FL	28 Ocala, FL
Zip	Zip
24 34478-4333	29 34478-4333
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CLIFF DAVENPORT

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

2828 NE 49 AVE.

83

LOT #145

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: CLIFF DAVENPORT, PRES

Cliff Davenport, Pres.

5/20/98

Signature typed or printed name of registered agent and fiscal agent

(NOTE: If Successor Agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLIFF DAVENPORT
1.3 STREET ADDRESS	2828 NE 49 AVE LOT#145
1.4 CITY - ST - ZIP	Ocala, FL 34470
2.1 TITLE	1st V.P./DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOBY OLDEN
2.3 STREET ADDRESS	2828 NE 49 AVE LOT#119
2.4 CITY - ST - ZIP	Ocala, FL 34470
3.1 TITLE	2nd V.P./DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DICK BERRY
3.3 STREET ADDRESS	2828 NE 49 AVE LOT#36
3.4 CITY - ST - ZIP	Ocala, FL 34470
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BILL PECK
4.3 STREET ADDRESS	2828 NE 49 AVE LOT#147
4.4 CITY - ST - ZIP	Ocala, FL 34470
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILL KERZIC
5.3 STREET ADDRESS	2828 NE 49 AVE LOT#38
5.4 CITY - ST - ZIP	Ocala, FL 34470
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NEAL MARQUETTE
6.3 STREET ADDRESS	2828 NE 49 AVE LOT#84
6.4 CITY - ST - ZIP	Ocala, FL 34470

14. I 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: CLIFF DAVENPORT, PRES Cliff Davenport 5/20/98 (352)236-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)