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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

DOCUMENT # N 24 233  
1. Corporation Name  
MARION PINES PIONEERS, INC.

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

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

3. Date Incorporated or Qualified  
JAN. 6, 1988

4. FEI Number \_\_\_\_\_ Applied For  
 Not Applicable

2. Principal Place of Business

21. P.O. Box 4333  
Suite, Apt. #, etc. \_\_\_\_\_  
City & State: Ocala, FL  
Zip: 34478-4333 Country: \_\_\_\_\_

2a. Mailing Address

26. P.O. Box 4333  
Suite, Apt. #, etc. \_\_\_\_\_  
City & State: Ocala, FL  
Zip: 34478-4333 Country: \_\_\_\_\_

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

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT/DIRECTOR	CLIFF DAVENPORT	2828 NE 49 AVE LOT#145	Ocala, FL 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 V.P./DIRECTOR	TOBY OLDEN	2828 NE 49 AVE LOT#119	Ocala, FL 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.1 V.P./DIRECTOR	DICK BERRY	2828 NE 49 AVE LOT#36	Ocala, FL 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition

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

CR2E037 (10/97)