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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24233

1. Corporation Name

MARION PINES PIONEERS, INC.

Principal Place of Business

PO BOX 4333
OCALA FL 34478-4333
US

Mailing Address

PO BOX 4333
OCALA FL 34478-4333
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/06/1988

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

9. Name and Address of Current Registered Agent

DAVENPORT, CLIFF
2828 N.E. 49TH AVE.
LOT #145
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D DELETE

NAME DAVENPORT, CLIFF
STREET ADDRESS 2828 NE 49TH AVE, LOT #145
CITY-ST-ZIP Ocala FL 34470

TITLE VP/D DELETE

NAME OLDEN, TOBY
STREET ADDRESS 2828 N.E. 49TH AVE #119
CITY-ST-ZIP Ocala FL 34470

TITLE VP/D DELETE

NAME BERRY, DICK
STREET ADDRESS 2828 NE 49TH AVENUE #36
CITY-ST-ZIP Ocala FL 34470

TITLE D DELETE

NAME PECK, BILL
STREET ADDRESS 2828 N.E. 49TH AVE #147
CITY-ST-ZIP Ocala FL 34470

TITLE D DELETE

NAME KERZIC, BILL
STREET ADDRESS 2828 N.E. 49TH AVE LOT #38
CITY-ST-ZIP Ocala FL 34470

TITLE D DELETE

NAME MARQUETTE, NEAL
STREET ADDRESS 2828 NE 49 AVE #89
CITY-ST-ZIP Ocala FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ONLY Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR ONLY Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE P/D Change Addition

6.2 NAME GLORIA GREEN
6.3 STREET ADDRESS 2828 N.E. 49 AVE #123
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, with all other like empowered.

SIGNATURE:

Cliff Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

(352) 236-1224 HM FAX
(352) 236-4333

CR2E037 (1/198)