


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90026 012 ****70.00

DOCUMENT # N24233-	
1. Entity Name MARION PINES PIONEERS, INC.	

Principal Place of Business 2828 NE 49 AVENUE BOX 125 OCALA FL 34470	Mailing Address 2828 NE 49 AVENUE BOX 125 OCALA FL 34470
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number AP-PLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BASHAM, MARY E 2828 NE 49 AVENUE BOX 129 OCALA FL 34470	7. Name and Address of New Registered Agent Name: <u>SAME (No Change)</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code: <u></u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary E Basham (Not Needed - No Change) DATE: 2/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HAYES, ROLAND STREET ADDRESS: 2828 NE 49 AVENUE 145 CITY-ST-ZIP: Ocala FL 34470	<input type="checkbox"/> Delete	TITLE: VD NAME: KOPTIC, Donald STREET ADDRESS: 3428 NE 49th AVE #135 CITY-ST-ZIP: Ocala, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: FRAYER, WILLIAM STREET ADDRESS: 2828 NE 49 AVENUE 85 CITY-ST-ZIP: Ocala FL 34470	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Goddard, FRANK STREET ADDRESS: 3828 NE 49 AVENUE #06 CITY-ST-ZIP: Ocala, FL 34470	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GREEN, ROBERT STREET ADDRESS: 2828 NE 49 AVENUE 02 CITY-ST-ZIP: Ocala FL 34470	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GREEN, GLORIA STREET ADDRESS: 2828 NE 49 AVENUE 123 CITY-ST-ZIP: Ocala FL 34470	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BASHAM, MARY STREET ADDRESS: 2828 NE 49 AVENUE 129 CITY-ST-ZIP: Ocala FL 34470	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BERRY, RICHARD STREET ADDRESS: 2828 NE 49 AVENUE 38 CITY-ST-ZIP: Ocala FL 34470	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E Basham MARY E. BASHAM Secretary 2/22/05 352-236-3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #