


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

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



|  |  |
|--|--|
| Principal Place of Business<br>2828 NE 49 AVENUE<br>BOX 125<br>OCALA, FL 34470 | Mailing Address<br>2828 NE 49 AVENUE<br>BOX 125<br>OCALA, FL 34470 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04072007 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>NOT APPLICABLE                                      | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

8. Name and Address of Current Registered Agent

BASHAM, MARY E  
 2828 NE 49 AVENUE  
 BOX 129  
 OCALA, FL 34470

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000706785  
 04/24/07-80048-011 70.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BASHAM, FRED R<br>2828 NE 49TH AVE #129<br>OCALA, FL 34470  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GREEN, GLORIA<br>2828 NE 49TH AVE #123<br>OCALA, FL 34470   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>JONES, ELSE<br>2828 NE 49TH AVE #91<br>OCALA, FL 34470      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KOPTIC, JEANETTE<br>2828 NE 49TH AVE #135<br>OCALA, FL 34470 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BASHAM, MARY<br>2828 NE 49 AVENUE 129<br>OCALA, FL 34470    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAYES, ROLAND<br>2828 NE 49TH AVE #145<br>OCALA, FL 34470    |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/2007 352-236-3998*  
 Date Daytime Phone #