

**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

**2828 NE 49 AVENUE
BOX 125
OCALA, FL 34470**

Mailing Address

**2828 NE 49 AVENUE
BOX 125
OCALA, FL 34470**



04072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



**\$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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME BASHAM, FRED R
STREET ADDRESS 2828 NE 49TH AVE #129
CITY-ST-ZIP Ocala, FL 34470

TITLE VP
NAME GREEN, GLORIA
STREET ADDRESS 2828 NE 49TH AVE #123
CITY-ST-ZIP Ocala, FL 34470

TITLE TD
NAME JONES, ELSE
STREET ADDRESS 2828 NE 49TH AVE #91
CITY-ST-ZIP Ocala, FL 34470

TITLE D
NAME KOPTIC, JEANETTE
STREET ADDRESS 2828 NE 49TH AVE #135
CITY-ST-ZIP Ocala, FL 34470

TITLE SD
NAME BASHAM, MARY
STREET ADDRESS 2828 NE 49 AVENUE 129
CITY-ST-ZIP Ocala, FL 34470

TITLE D
NAME HAYES, ROLAND
STREET ADDRESS 2828 NE 49TH AVE #145
CITY-ST-ZIP 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 #