

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24233

FILED
Mar 13, 2009
Secretary of State

Entity Name: MARION PINES PIONEERS, INC.

Current Principal Place of Business:

2828 NE 49 AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2828 N.E. 49TH AVENUE
BOX 129
OCALA, FL 34470

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASHAM, MARY E
2828 NE 49 AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BASHAM, FRED R
Address: 2828 NE 49TH AVE #103
City-St-Zip: OCALA, FL 34470

Title: 1STV () Delete
Name: HAYES, ROLAND
Address: 2828 NE 49TH AVE #145
City-St-Zip: OCALA, FL 34470

Title: 2V () Delete
Name: JONES, ELSE
Address: 2828 NE 49TH AVE #91
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: BASHAM, MARY
Address: 2828 NE 49TH AVE #135
City-St-Zip: OCALA, FL 34470

Title: TD () Delete
Name: GREEN, GLORIA
Address: 2828 NE 49 AVENUE #123
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: KOPTIC, DON
Address: 2828 NE 49TH AVE #135
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARQUETTE, NEAL
Address: 2828 NE 49TH AVE #89
City-St-Zip: OCALA, FL 34470

Title: 1STV (X) Change () Addition
Name: HAYES, ROLAND
Address: 2828 NE 49TH AVE #145
City-St-Zip: OCALA, FL 34470

Title: TB (X) Change () Addition
Name: JONES, ELSE
Address: 2828 NE 49TH AVE #91
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREEN, GLORIA
Address: 2828 NE 49 AVENUE #123
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E. BASHAM

SD

03/13/2009

Electronic Signature of Signing Officer or Director

Date