

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

Annual Report



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY -7 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N 24233*

1. Corporation Name

.Marion Pines Pioneers, Inc.

*N 24233*

2. Principal Office Address - No P.O. Box #

2828 N. E. 49th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Box 129

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Zip

34470

Country

Marion

Zip

Country

900180620509  
05/10/10--01005--007 \*\*70.00

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary Basham

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

2828 N.E. 49th Avenue

Suite, Apt. #, Etc.

Box 129

City

Ocala, Florida

State

FL

Zip Code

34470

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Mary Basham*

REGISTERED AGENT MUST SIGN

Date *4/28/10*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Richard Hebert	2828 N. E. 49th Ave. # 103	Ocala, Florida 34470
1stVP	Roland Hayes	2828 N. E. 49th Avenue # 145	Ocala, Florida 34470
2ndVP	Eise Jones	2828 N. E. 49th Avenue # 91	Ocala, Florida 34470
SD	Mary Basham	2828 N. E. 49th Avenue # 129	Ocala, Florida 34470
TD	Gloria Green	2828 N. E. 49th Avenue #123	Ocala, Florida 34470
D	Don Koptic	2828 N.E. 49th Avenue # 135	Ocala, Florida 34470

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Mary Basham* MARY BASHAM *4/28/10* 352-236-3998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #