

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000571

FILED
Jan 23, 2009
Secretary of State

Entity Name: PINELLAS PIONEER SETTLEMENT, INC.

Current Principal Place of Business:

3130 31 ST S
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

3130 31 ST S
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-3205088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDSON, RICHARD
3130 31 ST S
ST. PETERSBURG, FL 33712 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: DVP () Delete
Name: RICHARDSON, RICHARD
Address: 1912 BONITA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D/T () Delete
Name: BOWEN, BONNIE
Address: 6145 CEDAR ST NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: RICHARDSON, DIANE E
Address: 2536 CORDOVA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: DS () Delete
Name: WILLIAMSON, MARY L
Address: 3800 -40 WAY SO.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: DP () Delete
Name: PLATT, GINGER
Address: 4149 WHITING CIR. SE
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BONNIE BOWEN

DT

01/23/2009

Electronic Signature of Signing Officer or Director

Date