

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000811 (7)**

1. Corporation Name

**PIONEER VILLAGE MOBILE HOME TENANTS ASSOCIATION,
INCORPORATED**

Principal Place of Business

Mailing Address

**LOT 49 - 901 MASSACHUSETTS AVE.
PENSACOLA FL 32505****LOT 49 - 901 MASSACHUSETTS AVE.
PENSACOLA FL 32505-3863**3. Date Incorporated or Qualified
02/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 901 Massachusetts Ave.

Suite, Apt. #, etc.

22 Lot 99

City & State

23 Pensacola, Florida

Zip

24 32505

Country

25 Escambia

2a. Mailing Address

26 901 Massachusetts Ave.

Suite, Apt. #, etc.

27 Lot 99

City & State

28 Pensacola, Florida

Zip

29 32505

Country

30 Escambia

4. FEI Number

59 337 3802

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SINCLAIR, BERTHA M
LOT 49 - 901 MASSACHUSETTS AVE.
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81 Name Georgianna Detrick**82 Street Address (P.O. Box Number is Not Acceptable)
Lot 99 901 Massachusetts Avenue****83****84 City Pensacola****FL****85 Zip Code
32505**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Georgianna Detrick
Signature, typed or printed name of registered agent and title if applicable*Georgianna Detrick*
(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-97

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Ralph Detrick	
STREET ADDRESS	Lot 99 901 Massachusetts Avenue	
CITY-ST-ZIP	Pensacola, Florida 32505	

TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Bertha Sinclair	
STREET ADDRESS	Lot 49 901 Massachusetts Avenue	
CITY-ST-ZIP	Pensacola, Florida 32505	

TITLE	Board of Director	<input type="checkbox"/> DELETE
NAME	John Marlowe	
STREET ADDRESS	Lot 46B 901 Massachusetts Avenue	
CITY-ST-ZIP	Pensacola, Florida 32505	

TITLE	Board of Director	<input type="checkbox"/> DELETE
NAME	Howard Merritt	
STREET ADDRESS	Lot 79 901 Massachusetts Avenue	
CITY-ST-ZIP	Pensacola, Florida 32505	

TITLE	Board of Directors	<input type="checkbox"/> DELETE
NAME	Nelson Trotter Jr.	
STREET ADDRESS	Lot 33 901 Massachusetts Avenue	
CITY-ST-ZIP	Pensacola, Florida 32505	

TITLE	Board of Director	<input type="checkbox"/> DELETE
NAME	Elizabeth Minor	
STREET ADDRESS	Lot 54 901 Massachusetts Avenue	
CITY-ST-ZIP	Pensacola, Florida 32505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph Detrick* **Ralph Detrick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

904-470-0740

Daytime Phone # 0072790

CR2E037 (9/96)