

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702355

FILED
Apr 07, 2023
Secretary of State
8176730291CC

Entity Name: PIONEER FLORIDA MUSEUM ASSOCIATION, INCORPORATED

Current Principal Place of Business:

15602 PIONEER MUSEUM ROAD
DADE CITY, FL 33523

Current Mailing Address:

P O BOX 335
DADE CITY, FL 33526-0335 US

FEI Number: 59-1005484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACK, STEPHANIE A
15602 PIONEER MUSEUM ROAD
PO BOX 335
DADE CITY, FL 33526 US

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: STEPHANIE A BLACK

04/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 2ND VICE PRESIDENT
Name BOLES, KELLY
Address 32630 TIMBER HILL DR
City-State-Zip: DADE CITY FL 33523

Title TREASURER
Name LEA, MELISSA J
Address 38311 RUTH AVENUE
City-State-Zip: ZEPHYRHILLS FL 33540

Title FIRST VICE PRESIDENT
Name ALEXANDER, JOSEPH
Address 17131 SPRING BRANCH RD
City-State-Zip: DADE CITY FL 33523

Title PRESIDENT
Name HANCOCK, JANE
Address 31107 BLANTON ROAD
City-State-Zip: DADE CITY FL 33523

Title DIRECTOR
Name BLACK, STEPHANIE A
Address PO BOX 335
City-State-Zip: DADE CITY FL 33526

Title SECRETARY
Name FOWLER, MELISSA
Address P.O. BOX 335
City-State-Zip: DADE CITY FL 33526

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE A BLACK

DIRECTOR

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date