

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702355

**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

03/10/2022

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 FLOYD, MELODY  
Address P.O. BOX 1374  
City-State-Zip: DADE CITY FL 33526-1374

*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 BLACK

**DIRECTOR**

03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date