

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003735

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC1944995735**

**Entity Name:** PINE CASTLE PIONEER DAYS, INC.

**Current Principal Place of Business:**

EDGEWOOD CITY HALL  
405 LARUE AVENUE  
EDGEWOOD, FL 32809

**Current Mailing Address:**

P.O. BOX 593175  
ORLANDO, FL 32859

**FEI Number:** 27-2350893

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOSTICK, CHRISTIANE B  
7812 POINTVIEW CIR.  
ORLANDO, FL 32836 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:** CHRISTIANE B BOSTICK

04/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHMN  
Name MORGAN, WILLIAM SV  
Address 1916 ELIZABETH AVENUE  
City-State-Zip: ORLANDO FL 32804

Title CORRESPONDING SECRETARY  
Name HOSIER, TOMMIE  
Address 4985 LAKE SPRING RD  
City-State-Zip: ORLANDO FL 32810

Title TREASURER  
Name BOSTICK, CHRISTIANE B  
Address 7812 POINTVIEW CIRCLE  
City-State-Zip: ORLANDO FL 32836

*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:** CHRISTIANE BOSTICK

TREASURER

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date