
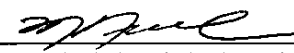
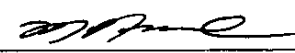


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90029 028 ****61.25

DOCUMENT # N15741			
1. Entity Name PASCO DIXIE YOUTH LEAGUE, INC.			
Principal Place of Business 22627 RAILROAD AVE SAN ANTONIO, FL 33576 US		Mailing Address C/O RICHARD CHRISTMAS PO BOX 986 SAN ANTONIO, FL 33576 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O TIM NEWLON	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO BOX 986	
City & State		City & State SAN ANTONIO, FL	
Zip	Country	Zip	Country
33576	US	33576	US
4. FEI Number 59-2718789		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRADER, TERRY 12349 CURLEY ROAD SAN ANTONIO, FL 33576		7. Name and Address of New Registered Agent Name TIM NEWLON Street Address (P.O. Box Number is Not Acceptable) 12146 CURLEY RD City SAN ANTONIO FL Zip Code 33576	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		TS NEWLON	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUDE, MIKE 33101 ST. JOE ROAD DADE CITY, FL 33526 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR TIM NEWLON PO BOX 986 SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRISTMAS, RICHARD 12834 CHRISTMAS DRIVE SAINT LEO, FL 33574 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR ROB JENNINGS PO BOX 986 SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMPTON, ROBERT 31849 PASCO RD SAN ANTONIO, FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANDRES OLANIEL PO BOX 986 SAN ANTONIO FL 33576 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMPTON, ROBERT 31849 PASCO RD SAN ANTONIO, FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		TS NEWLON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		1-29-07	
		352-424-1928	
		Daytime Phone #	

40008197



01292007 Chg-NP CR2E037 (12/06)