


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90049 036 \*\*\*\*61.25

<b>DOCUMENT # N15741</b>					
1. Entity Name SAN ANTONIO DIXIE YOUTH LEAGUE, INC.					
Principal Place of Business 22627 RAILROAD AVE SAN ANTONIO, FL 33576 US			Mailing Address C/O TIM NEWLON PO BOX 986 SAN ANTONIO, FL 33576 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2718789	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWLON, TIM 12349 CURLEY ROAD SAN ANTONIO, FL 33576			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTMAS, RICHARD		NAME	OLANIEL, ANDRES	
STREET ADDRESS	12834 CHRISTMAS DRIVE		STREET ADDRESS	PO BOX 986	
CITY-ST-ZIP	SAINT LEO, FL 33574		CITY-ST-ZIP	SAN ANTONIO, FL 33576	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLANEL, ANDRES		NAME	HANCOCK, JOE	
STREET ADDRESS	P O BOX 986		STREET ADDRESS	PO BOX 986	
CITY-ST-ZIP	SAN ANTONIO, FL 33576		CITY-ST-ZIP	SAN ANTONIO, FL 33576	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLON, TIM		NAME		
STREET ADDRESS	P O BOX 986		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, FL 33576		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, ROB		NAME		
STREET ADDRESS	P O BOX 986		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, FL 33576		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Tim Newlon</u> TS NEWLON			Date: <u>1-11-2008</u>		Daytime Phone #: <u>352-588-3844</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					