

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006952

**Entity Name:** DIXIE YOUTH SOCCER, INC.**Current Principal Place of Business:**12587 NE 349 HWY  
OLD TOWN, FL 32680**Current Mailing Address:**PO BOX 234  
OLD TOWN, FL 32680**FEI Number:** 27-5413201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODGES, ANNE G  
85 NE 126 ST  
CROSS CITY, FL 32628 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DILGER, JOHN  
Address 12587 NE 349 HWY  
City-State-Zip: OLD TOWN FL 32680

Title BOARD MEMBER  
Name CASSIDY, MIKE  
Address 135 SE 66TH AVE  
City-State-Zip: CROSS CITY FL 32628

Title BOARD MEMBER  
Name DAHM, KIM  
Address 701 NE 158 ST  
City-State-Zip: CROSS CITY FL 32628

Title JR DIRECTOR  
Name DAHM, KEITH  
Address 701 NE 158 ST  
City-State-Zip: CROSS CITY FL 32628

Title BOARD MEMBER  
Name NUGENT, ADELE  
Address 4366 NE 349 HWY  
City-State-Zip: OLD TOWN FL 32680

Title BOARD MEMBER  
Name NUGENT, CASEY  
Address 4366 NE HWY 349  
City-State-Zip: OLD TOWN FL 32680

Title BOARD MEMBER  
Name JEFFRIES, HENRY  
Address 442 NE 765TH ST  
City-State-Zip: OLD TOWN FL 32680

Title BOARD MEMBER  
Name STEWART, MERIAH  
Address 683 NE 249TH AVE  
City-State-Zip: OLD TOWN FL 32680

**Continues on page 2**

*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:** LAUREN BRADY**SECRETARY/TREASURER** 03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY/TREASURER
Name	BRADY, LAUREN
Address	206 SE 870TH ST
City-State-Zip:	OLD TOWN FL 32680