


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 050 ****61.25

DOCUMENT # 708803 1. Entity Name DIXIE COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business P. O. BOX 547 CROSS CITY, FL 32628			Mailing Address P. O. BOX 547 CROSS CITY, FL 32628		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 547			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cross City, FL		City & State Cross City, FL		4. FEI Number 59-0687984	
Zip 32628		Country us		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 BELLOT, ARTHUR 188 SE 55A OLD TOWN, FL 32680			7. Name and Address of New Registered Agent Name: Julie Squires Street Address (P.O. Box Number Not Acceptable): 84 SE 837 ST City: Old Town FL Zip Code: 32680		
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: <i>Julie Squires</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Julie Squires-President		1/30/07 <small>DATE</small>	
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	T DEMBO, DEBBIE 466 SE 242 ST CROSS CITY, FL 32628	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Debbie Deweese 76 SE 221 Ave Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRES, JULIE 84 SE 837 ST OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Squires, Julie 84 SE 837 ST. Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINNIS, KATHRYN 237 NE 705 AVE OLD TOWN, FL 32680	<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	P BELLOT, ARTHUR 188 SE 55A HWY OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bellot, Arthur 188 SE 55A Hwy Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSH, ANGIE 212 SE 15 AVE CROSS CITY, FL 32628	<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	D WEST, CAROL 73 SE. 241 STREET SUWANNEE, FL 32692	<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: <i>Debbie Dembo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Debbie Dembo		1/30/07 352-498-3367 <small>Date Daytime Phone #</small>	