

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708803

FILED
Jun 23, 2009
Secretary of State

Entity Name: DIXIE COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

P. O. BOX 547
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 547
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-0687984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SQUIRES, JULIE
84 SE 837 ST
OLD TOWN, FL 32680 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DEMBO, DEBBIE
Address: 466 SE 242 ST
City-St-Zip: CROSS CITY, FL 32628

Title: P () Delete
Name: SQUIRES, JULIE
Address: 84 SE 837 ST
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: MCINNIS, KATHRYN
Address: 237 NE 705 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: DEWEESE, DEBBIE
Address: 76 SE 221 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: S () Delete
Name: BUSH, ANGIE
Address: 212 SE 15 AVE
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: HUNT, PHYLLIS
Address: 117 NE 803RD ST
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SQUIRES, JULIE
Address: 84 SE 837 ST
City-St-Zip: OLD TOWN, FL 32680

Title: P (X) Change () Addition
Name: MARTIN, JAMIE
Address: 29 NE 256 AVENUE
City-St-Zip: CROSS CITY, FL 32628

Title: D (X) Change () Addition
Name: DEWEESE, DEBBIE
Address: 76 SE 221 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEICHNER, BOB
Address: 26626 SE 19 HWY
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBBIE DEMBO

TRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date