

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708803

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** DIXIE COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

301 LEON ST  
CROSS CITY, FL 32628

**New Principal Place of Business:**

99 NE 210 AVE  
CROSS CITY, FL 32628

**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 ( )**

**Name and Address of Current Registered Agent:**

DEMBO, DEBBIE L TREAS  
466 SE 242 ST  
CROSS CITY, FL 32628 US

**Name and Address of New Registered Agent:**

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  
Name: DEMBO, DEBBIE L  
Address: 466 SE 242 ST  
City-St-Zip: CROSS CITY, FL 32628

Title: VP  
Name: EDMONDS, RONNIE  
Address: 190 SE 15 AVE  
City-St-Zip: CROSS CITY, FL 32628

Title: P  
Name: DEWEESE, DEBBIE  
Address: 76 SE 221 AVE  
City-St-Zip: OLD TOWN, FL 32680

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

Title: D  
Name: SQUIRES, JULIE  
Address: 84 SE 837 ST  
City-St-Zip: OLD TOWN, FL 32680

Title: D  
Name: JOHNSON, DANA D  
Address: 32 SE 55 AVE  
City-St-Zip: CROSS CITY, FL 32628

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: DEBBIE DEMBO

T

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date