



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-16-2008 90016 023 ****61.25

DOCUMENT # 735887 1. Entity Name DIXIE-GILCHRIST-LEVY COUNTIES BOARD OF REALTORS, INC.					
Principal Place of Business 4 W. PARK AVE. CHIEFLAND, FL 32626 US			Mailing Address PO BOX 2059 CHIEFLAND, FL 32644 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2519740				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01102008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BURT, THEODORE M, PA 114 NE FIRST ST TRENTON, FL 32693				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	D BAYNARD, OWEN P.O. 485 CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Baynard, Owen PO 485 Chiefland, FL 32644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, ROBIN PO 2200 HIGH SPRINGS, FL 32655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waldron, melissa 188 SW 8th Street CROSS CITY FL 32628 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, APRIL 33 E 302ND AVE OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Smith, Karen 9651 NE 110 Ave ARCHER, FL 32618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEARNS, KEITH D 10890 SW 72ND COURT CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kearns, Keith 10890 SW 72nd Court Chiefland, FL 32626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, DEE 905 MAIN ST HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ames, Rustie 1506 NW 10th Street Chiefland, FL 32626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITCH, GEORGE 11613 NW 9TH LANE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baxter, Lisa 605 N Main Chiefland, FL 32626 <input type="checkbox"/> Change <input checked="" 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: _____ Keith Kearns Director 1-10-08 352-493-9683 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40004404
735887

Title D
Name Clinton Ford
Address 21219 NW 70th Ave.
City,State,Zip Alachua,Fl 32615

Title D
Name Alan Mikell
Address 1500 SW 105th St.
City, State, Zip Trenton, Fl Fl 32693

Title VD change
Alan Mikell
1500 SW 105th St.
Trenton, Fl 32693

Title D
Name Paul Troke
Address: P O 1208
City State Zip Trenton, Fl 32693

Title D
Name Kathleen Lowyns
Address: 3950 NE 170th Ave
City State Zip Williston, Fl 32696

Delete

Title D
Name Carole Abbiss
Address: PO 8
C ity, State, Zip Bell, Fl 32619

Delete

Title D
Name: Michelle Pickett
Address PO 1665
City, State, Zip Newberry, Fl 32669

Delete

Title D
Name: Pam Ford
Address 1730 NW CR 340
City, State, Zip Bell, Fl 32619

Delete

Title D
Name Joel Ward
Address 17871 NW Hwy 19
City,State,Zip Trenton, Fl32693

Addition