

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90015 039 ****61.25

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01312008 Chg-NP CR2E037 (12/06)

DOCUMENT # 743564 1. Entity Name DIXIE REGION, SPORTS CAR CLUB OF AMERICA, INC.					
Principal Place of Business P. O. BOX 38561 TALLAHASSEE, FL 32315-8561			Mailing Address P. O. BOX 38561 TALLAHASSEE, FL 32315-8561		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2755745	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MADSEN, H. MICHAEL 1705 METROPOLITAN BLVD., SUITE 101 TALLAHASSEE, FL 32308				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	RE AUSTIN, TOM 1060 MERRITT DRIVE TALLAHASSEE, FL 32301		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASRE LEWIS, ROBERT 630-1 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR WOODWARD, TODD 1113 CARISSA DRIVE TALLAHASSEE, FL 32308		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA O'STEEN, CHASITY 5706 W.W. KELLEY RD. TALLAHASSEE, FL 32311		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE FORBES, BILL 3201 JAMEY ROAD TALLAHASSEE, FL 323037416		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE CLARK, RUSS 150 ANN CIRCLE CRAWFORDVILLE, FL 32327		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director SECRETARY Mayfield, Robert 3749 Esplanade Way Tallahassee, FL 32311		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jackson, Johnk. 428 McDaniel St Tallahassee, FL 32303		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brian Batchelor 1005 Marys DR Tallahassee FL 32308		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant RE		<input checked="" 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: <u><i>[Signature]</i></u> Date <u>5/20/08</u> Daytime Phone # <u>850-222-9025</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					