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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751106 (6)

1. Corporation Name
DIXIE HUNTING CLUB, INC.



Principal Place of Business Mailing Address
BARBER AVENUE BARBER AVENUE
P. O. BOX 1866 P.O. BOX 1866, N/A
CROSS CITY FL 32628 CROSS CITY FL 32628-1866
US

3. Date Incorporated or Qualified 02/19/1980
3a. Date of Last Report 09/27/1996
4. FEI Number 59-2110209 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
THOMAS, J. DOYLE
BARBER AVENUE
CROSS CITY FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JONES, GARY	
STREET ADDRESS	HCO4 BOX 250	
CITY - ST - ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICKELL, RANDY J	
STREET ADDRESS	RT. 1 BOX 317	
CITY - ST - ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, JOEY	
STREET ADDRESS	RT. 1 BOX 317	
CITY - ST - ZIP	BRANFORD FL 32680	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, BEN	
STREET ADDRESS	HCO4 BOX 27	
CITY - ST - ZIP	OLD TOWN FL 32680	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUTH, JOE	
STREET ADDRESS	P.O. BOX 1089 N/A	
CITY - ST - ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENSON, JODY	
STREET ADDRESS	HCO4 BOX 603	
CITY - ST - ZIP	OLD TOWN FL 32680	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Thomas* *Gary Jones* 1-31-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)