


FILE NOW: FILING FEE IS \$61.25

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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751106 (6)

1. Corporation Name
DIXIE HUNTING CLUB, INC.

Principal Place of Business BARBER AVENUE P. O. BOX 1986 CROSS CITY FL 32628	Mailing Address BARBER AVENUE P.O. BOX 1866, N/A CROSS CITY FL 32628 US
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3. Date Incorporated or Qualified 02/19/1980	
4. FEI Number 59-2110209	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Dale Kight - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, GARY	1.2 NAME	HCO4
STREET ADDRESS	HCO4 BOX 250	1.3 STREET ADDRESS	Old Town, Fl. 32680
CITY-ST-ZIP	OLD TOWN FL 32680	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKELL, RANDY J	2.2 NAME	G.C. Fowler Jr
STREET ADDRESS	RT. 1 BOX 317	2.3 STREET ADDRESS	HCO3
CITY-ST-ZIP	BRANFORD FL 32008	2.4 CITY-ST-ZIP	Old Town, Fl. 32680
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JOEY	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 317	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL 32680	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, BEN	4.2 NAME	
STREET ADDRESS	HCO4 BOX 27	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH, JOE	5.2 NAME	
STREET ADDRESS	P.O. BOX 1089 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, JODY	6.2 NAME	
STREET ADDRESS	HCO4 BOX 603	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	6.4 CITY-ST-ZIP	

14. I 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: *Thomas J. Doyle* **Gary Jones** **3-21-98**

CFR2037 (1097)