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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90014 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751106

1. Corporation Name
DIXIE HUNTING CLUB, INC.

Principal Place of Business BARBER AVENUE P. O. BOX 1866 CROSS CITY FL 32628	Mailing Address BARBER AVENUE P.O. BOX 1866, N/A CROSS CITY FL 32628 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2110209 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY	1.2 NAME	
STREET ADDRESS	HCO4 BOX 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, DALE	2.2 NAME	
STREET ADDRESS	HCO4	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL 32008	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, G.C. JR	3.2 NAME	
STREET ADDRESS	HCO3	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, with all other like empowered.

SIGNATURE: Mary Sigouros SIGNATURE REQUIRED Date: 4-30-99 Daytime Phone #

CR2E037 (11/98)