
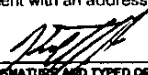


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90428 014 ****70.00

DOCUMENT # 751106					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2110209	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIGHT, MARY O 1032 NE 444TH ST OLD TOWN, FL 32680			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> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, JODY		NAME	JODY STEPHENSON	
STREET ADDRESS	HC4 BOX 609		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKHAM, HOUSTON		NAME	HOUSTON MARKHAM	
STREET ADDRESS	PO BOX 1266		STREET ADDRESS	7859 NE HWY 351	
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICKEY		NAME	RICKEY JONES	
STREET ADDRESS	HC 2 BOX 651		STREET ADDRESS	656 NE 821 STREET	
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, TONY		NAME	TONY BARRY	
STREET ADDRESS	HC 1, BOX 32		STREET ADDRESS	1904 SE 349 HWY	
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, KEITH B		NAME	KEITH JEFFRIES	
STREET ADDRESS	P.O. BOX 1411		STREET ADDRESS	539 NE 474TH AVE	
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, BILLY J		NAME	BILLY J. WALKER	
STREET ADDRESS	HC BOX 505		STREET ADDRESS	4586 NE 353 HWY	
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP	OLD TOWN, FL 32680	
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 JEFFRIES		04-28-06 352-542-2020	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40080276

#751106

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
DOCUMENT #751106
DIXIE HUNTING CLUB, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D
JUSTIN BARBER
316 NE 453 AVE
OLD TOWN, FL 32680