

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 751106</b> 1. Entity Name <b>DIXIE HUNTING CLUB, INC.</b>					
Principal Place of Business <b>BARBER AVENUE</b> <b>P. O. BOX 1866</b> <b>CROSS CITY, FL 32628</b>			Mailing Address <b>BARBER AVENUE</b> <b>P.O. BOX 1866, N/A</b> <b>CROSS CITY, FL 32628 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KIGHT, MARY O</b> <b>1032 NE 444TH ST</b> <b>OLD TOWN, FL 32680</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEPHENSON, JODY</b> <b>HC4 BOX 609</b> <b>OLD TOWN, FL 32680</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JODY STEPHENSON</b>  <b>OLD TOWN, FL 32680</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MARKHAM, HOUSTON</b> <b>PO BOX 1266</b> <b>CROSS CITY, FL 32628</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HOUSTON MARKHAM</b> <b>7859 NE HWY 351</b> <b>OLD TOWN, FL 32680</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>JONES, RICKEY</b> <b>HC 2 BOX 651</b> <b>OLD TOWN, FL 32680</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>RICKEY JONES</b> <b>656 NE 821 STREET</b> <b>OLD TOWN, FL 32680</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRY, TONY</b> <b>HC 1, BOX 32</b> <b>OLD TOWN, FL 32680</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TONY BARRY</b> <b>1904 SE 349 HWY</b> <b>OLD TOWN, FL 32680</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JEFFRIES, KEITH B</b> <b>P.O. BOX 1411</b> <b>CROSS CITY, FL 32628</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KEITH JEFFRIES</b> <b>539 NE 474TH AVE</b> <b>OLD TOWN, FL 32680</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, BILLY J</b> <b>HC BOX 505</b> <b>OLD TOWN, FL 32680</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILLY J. WALKER</b> <b>4586 NE 353 HWY</b> <b>OLD TOWN, FL 32680</b>	<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.					
<b>SIGNATURE:</b> <u>KEITH JEFFRIES</u> <u>04-28-06</u> <u>352-542-2020</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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