
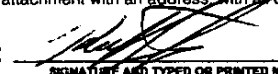


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90199 043 \*\*\*\*70.00

|   |                    |  |   |   |  |
|---|--------------------|--|---|---|--|
| <b>DOCUMENT # 751106</b>  |                    |  |   |                    |  |
| 1. Entity Name<br>DIXIE HUNTING CLUB, INC.  |                    |  |   |   |  |
| Principal Place of Business<br>BARBER AVENUE<br>P. O. BOX 1866<br>CROSS CITY, FL 32628  |                    |  | Mailing Address<br>BARBER AVENUE<br>P.O. BOX 1866, N/A<br>CROSS CITY, FL 32628 US |   |  |
| 2. Principal Place of Business - No P.O. Box #  |                    | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                    | City & State   |   | 02152007 Chg-NP CR2E037 (12/06)   |  |
| Zip   |                    | Country  |   | 4. FEI Number<br>59-2110209   |  |
|   |                    |  |   | Applied For<br>Not Applicable   |  |
|   |                    |  |   | 5. Certificate of Status Desired <input checked="" 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<br>1032 NE 444TH ST<br>OLD TOWN, FL 32680   |                    |  | Name  |   |  |
|   |                    |  | Street Address (P.O. Box Number is Not Acceptable)                                |   |  |
|   |                    |  | City  |   |  |
|   |                    |  | <b>FL</b>   |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                    |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |                    |  |   | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |                    |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |   |  |
| TITLE   | D                  | <input checked="" type="checkbox"/> Delete                                       | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | STEPHENSON, JODY   |  | NAME  | DALE KIGHT  |  |
| STREET ADDRESS  | HC4 BOX 609        |  | STREET ADDRESS  | 1032 NE 444TH ST  |  |
| CITY-ST-ZIP   | OLD TOWN, FL 32680 |  | CITY-ST-ZIP   | OLD TOWN, FL 32680  |  |
| TITLE   | VPD                | <input type="checkbox"/> Delete  | TITLE   | PD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MARKHAM, HOUSTON   |  | NAME  | HOUSTON MARKHAM   |  |
| STREET ADDRESS  | 7859 NE HWY 351    |  | STREET ADDRESS  | 7859 NE HWY 351   |  |
| CITY-ST-ZIP   | OLD TOWN, FL 32680 |  | CITY-ST-ZIP   | OLD TOWN, FL 32680  |  |
| TITLE   | STD                | <input type="checkbox"/> Delete  | TITLE   | VPD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | JONES, RICKEY      |  | NAME  | RICKEY JONES  |  |
| STREET ADDRESS  | 656 NE 821 ST      |  | STREET ADDRESS  | 656 NE 821 ST   |  |
| CITY-ST-ZIP   | OLD TOWN, FL 32680 |  | CITY-ST-ZIP   | OLD TOWN, FL 32680  |  |
| TITLE   | D                  | <input type="checkbox"/> Delete  | TITLE   | STD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | BARRY, TONY        |  | NAME  | TONY BARRY  |  |
| STREET ADDRESS  | 1904 SE 349 HWY    |  | 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   | D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | JEFFRIES, KEITH B  |  | NAME  | KEITH JEFFRIES  |  |
| STREET ADDRESS  | 539 NE 474TH AVE   |  | STREET ADDRESS  | 539 NE 474TH AVE  |  |
| CITY-ST-ZIP   | OLD TOWN, FL 32680 |  | CITY-ST-ZIP   | OLD TOWN, FL 32680  |  |
| TITLE   | D                  | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | WALKER, BILLY J    |  | NAME  |   |  |
| STREET ADDRESS  | 4586 NE 353 HWY    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | OLD TOWN, FL 32680 |  | CITY-ST-ZIP   |   |  |
| 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:   |                    |  | 4/11/07 352-542-2020  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                    |  | <small>Date Daytime Phone #</small>   |   |  |

ATTACHMENT 40081582

DIXIE HUNTING CLUB, INC

P.O. BOX 1866

CROSS CITY, FL 32628

# 757106

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT  
ATTACHMENT**

DIRECTOR

JUSTIN BARBER  
393 NE 512 AVENUE  
OLD TOWN, FL 32680