

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90199 043 ****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 - No P.O. Box #		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		
KIGHT, MARY O 1032 NE 444TH ST OLD TOWN, FL 32680			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, JODY HC4 BOX 609 OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALE KIGHT 1032 NE 444TH ST OLD TOWN, FL 32680 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARKHAM, HOUSTON 7859 NE HWY 351 OLD TOWN, FL 32680 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSTON MARKHAM 7859 NE HWY 351 OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, RICKEY 656 NE 821 ST OLD TOWN, FL 32680 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICKEY JONES 656 NE 821 ST OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, TONY 1904 SE 349 HWY OLD TOWN, FL 32680 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TONY BARRY 1904 SE 349 HWY OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFRIES, KEITH B 539 NE 474TH AVE OLD TOWN, FL 32680 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH JEFFRIES 539 NE 474TH AVE OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, BILLY J 4586 NE 353 HWY OLD TOWN, FL 32680 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/11/07 352-542-2020 <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