

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751106

FILED
Apr 19, 2011
Secretary of State

Entity Name: DIXIE HUNTING CLUB, INC.

Current Principal Place of Business:

BARBER AVENUE
P. O. BOX 1866
CROSS CITY, FL 32628

New Principal Place of Business:

BARBER AVENUE
1032 NE 444TH ST
OLD TOWN, FL 32680

Current Mailing Address:

BARBER AVENUE
P.O. BOX 1866, N/A
CROSS CITY, FL 32628 US

New Mailing Address:

FEI Number: 59-2110209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIGHT, MARY O
1032 NE 444TH ST
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: FOWLER, SHANE
Address: 564 SW 10 ST
City-St-Zip: CROSS CITY, FL 32628

Title: VPD
Name: MARKHAM, HOUSTON
Address: 7859 NE HWY 351
City-St-Zip: OLD TOWN, FL 32680

Title: SD
Name: CREMER, JOHN
Address: 3520 NE 353 HWY
City-St-Zip: OLD TOWN, FL 32680

Title: TD
Name: BARRY, TONY
Address: 1904 SE 349 HWY
City-St-Zip: OLD TOWN, FL 32680

Title: PD
Name: BARBER, JUSTIN
Address: 393 NE 512TH AVE
City-St-Zip: OLD TOWN, FL 32680

Title: D
Name: THOMAS, MICHAEL
Address: PO BOX 2574
City-St-Zip: CROSS CITY, FL 32628

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN BARBER

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date