

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90060 049 ****70.00

DOCUMENT # 751106

1. Entity Name
DIXIE HUNTING CLUB, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2110209** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

60025502



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THOMAS, J. DOYLE
BARBER AVENUE
CROSS CITY FL

7. Name and Address of New Registered Agent

Name **MARY O. KIGHT**
Street Address (P.O. Box Number is Not Acceptable)
1032 N.E. 444TH ST
City **OLD TOWN** FL Zip Code **32680**

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 *Mary O. Kight* **BOOKKEEPER** **MARY O. KIGHT** **04/03/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENSON, JODY	
STREET ADDRESS	HC4 BOX 609	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KIGHT, DALE	
STREET ADDRESS	P O BOX 1521	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, G.C. JR	
STREET ADDRESS	HC3 BOX 519	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, GARY	
STREET ADDRESS	HC 4 BOX 250	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFRIES, KEITH B	
STREET ADDRESS	P.O. BOX 1411	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, BILLY W	
STREET ADDRESS	HC 4 BOX 505	
CITY-ST-ZIP	OLD TOWN FL 32680	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKHAM, HOUSTON	
STREET ADDRESS	Po Box 1246	
CITY-ST-ZIP	CROSS CITY, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RICKY	
STREET ADDRESS	HC 2, BOX 651	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, THOMAS	
STREET ADDRESS	PO BOX 723	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, BILLY JACK	
STREET ADDRESS	HC4 BOX 505	
CITY-ST-ZIP	OLD TOWN, FL 32680	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 exemption.

SIGNATURE: *Jody Stephenson* **SIGNATURE REQUIRED JODY STEPHENSON 4/3/03 352-542-8659**

CR2E037 (10/02)

ATTACHMENT

Doc # 751106

**DIXIE HUNTING CLUB, INC
P.O. BOX 1866
CROSS CITY, FLORIDA 32628**

Additional Director for 2003 not for profit corporation Uniform Business Report:

Title	D	Addition
Name	Justin Barber	
Street Address	HC 04, Box 65	
City-ST-Zip	Old Town, Florida 32680	