
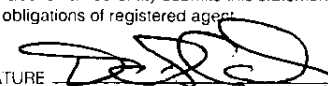
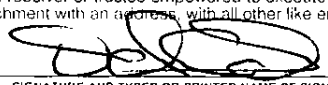


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90128 046 ****61.25

DOCUMENT # 756089					
1. Entity Name DIXIE JUNIOR REBELS, INCORPORATED					
Principal Place of Business 7440 62ND TERRACE NORTH POST OFFICE BOX 2715 PINELLAS PARK, FL 33781			Mailing Address 7440 62ND TERRACE NORTH POST OFFICE BOX 2715 PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt # etc			
City & State		City & State		07112007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2159865	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOILE, DAWN K PRESIDE 9591 49TH WAY NORTH PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name: <u>CAUCHON, DAVID W.</u> Street Address (P.O. Box Number is Not Acceptable): <u>8664 94th St. N.</u> City: <u>SEMINOLE</u> FL Zip Code: <u>33777</u>		
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: 		DAVID W. CAUCHON		7-12-07	
Filing Fee is \$61.25 Due by September 14, 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	T MORONI, VINCENT 601 ROSERY RD NE #4203 LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/D CAUCHON, DAVID W. 8664 94th St. N. SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOILE, KIMBERLY 9591 49TH WAY NORTH PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VAN STONE, CHARLES 944 KING RD. LARGO, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD DORSEY, ANDY 5843 60TH ST. NORTH SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/D MURRAY, JOHN 7112 8th AVE. N ST. PETERSBURG, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCURIO, DEBORAH 7075 65TH WAY PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: 		DAVID W. CAUCHON		7-12-07 727-224-4555	