2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N01000005348

Entity Name: DIXIE,GILCHRIST,LEVY TOURIST DEVELOPMENT BOARD, INC.

Current Principal Place of Business:

220 SOUTH MAIN ST
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

PO BOX 214
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-3731924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CREAMER, DONNA J
4859 NW 50TH AVE
BELL, FL 32619 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: TS ( ) Delete
Name: MCQUEEN, CAROL
Address: 9207 FLORIDA ST
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete
Name: GLUCKMAN, MARK
Address: 3829 RODEO RD
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete
Name: HARRISON, RAY D
Address: 4599 SW 90TH CT
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete
Name: TYRE, RALPH
Address: 3554 SE HWY 55-A
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete
Name: JOHNSON, TROY
Address: P.O. BOX 1895
City-St-Zip: OLD TOWN, FL 32680

Title: C ( ) Delete
Name: HARRISON, JULIE
Address: 4240 SW 86TH AVE
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCQUEEN, CAROL
Address: 9207 FLORIDA ST
City-St-Zip: TRENTON, FL 32693

Title: D (X) Change ( ) Addition
Name: STONE, KYLE
Address: 1399 N.W. CR 133
City-St-Zip: BELL, FL 32619

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIE HARRISON C 03/27/2009

Electronic Signature of Signing Officer or Director — Date