


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90055 050 ****61.25

DOCUMENT # N01000008416

1. Entity Name
SUBWAY DIXON RESCUE FUND INC.



Principal Place of Business Mailing Address
5609 HIGHWAY 19 SOUTH PERRY FL 32348 **5609 HIGHWAY 19 SOUTH PERRY FL 32348**

2. Principal Place of Business 3. Mailing Address
3364 Foley Cut Off Rd **3364 Foley Cut Off Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State **Perry FL** City & State **Perry FL**

4. FEI Number **59-3752242** Applied For Not Applicable

Zip **32348** Country **Taylor** Zip **32348** Country **Taylor**

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

6. Name and Address of Current Registered Agent
DIXON, MARY LOU
5609 HIGHWAY 19 SOUTH
PERRY FL 32348

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, MARY LOU 5609 HIGHWAY 19 SOUTH PERRY FL 32348 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLIA, CINDY 15629 KEATON BEACH RD PERRY FL 32348 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, LEE 1935 GAS PLANT RD PERRY FL 32347 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BOB 14378 HWY 19 SOUTH MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, JODY D DR 1599 N JEFFERSON MONTICELLO FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINGSTON, DEBBIE H 1283 O'STEEN RD PERRY FL 32347 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Tellia, Cindy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15629 Keaton Beach Rd Perry FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Zide Oillard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6706 N. HIGHLAND ST TAMPA FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meredyth Van Loocke <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 205 Dogwood Lane Perry FL 32348

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 empowered.

SIGNATURE: **Mary Lou Dixon**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/04** Daytime Phone # **850 584 2944**