


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 033 ****61.25

DOCUMENT # N01000008416-
 1. Entity Name
SUBWAY DIXON RESCUE FUND INC.



Principal Place of Business Mailing Address
3364 FOLEY CUT OFF RD. **3364 FOLEY CUT OFF RD.**
PERRY FL 32348 **PERRY FL 32348**

90070000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3752242 Not Applicable

Zip Country Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DIXON, MARY LOU	
STREET ADDRESS	5609 HIGHWAY 19 SOUTH	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELLA, CINDY	
STREET ADDRESS	15629 KEATON BEACH RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, LEE	
STREET ADDRESS	1935 GAS PLANT RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DILLARP, JUDE	
STREET ADDRESS	6706 N HIGHLAND ST.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, JODY D DR	
STREET ADDRESS	1599 N JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN LOOKE, MEREDITH	
STREET ADDRESS	205 DOGWOOD LANE	
CITY-ST-ZIP	PERRY FL 32348	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Baker	
STREET ADDRESS	1599 N. Jefferson	
CITY-ST-ZIP	Monticello FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4-27-05 850-584-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #