

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 043 ****61.25



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

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/07)

Zip Country Zip Country

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

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

6. Name and Address of Current Registered Agent
DIXON, MARY LOU
3364 FOLEY CUT OFF RD.
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 *Mary Lou Dixon*
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature and name must be consistent) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	BENNETT, JIMMIE	
STREET ADDRESS	121 PINE TREE RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHIES, JEAN	
STREET ADDRESS	515 TEAK DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, NANCY	
STREET ADDRESS	1599 N. JEFFERSON	
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	MONTECELLO FL 32344	
TITLE	V	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Arena	
STREET ADDRESS	50 Canal Rd	
CITY-ST-ZIP	CASCADE NY 11769	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Burk	
STREET ADDRESS	591 E. Ash St	
CITY-ST-ZIP	Perry FL 32347	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J Petrella	
STREET ADDRESS	408 Hollywood Ave	
CITY-ST-ZIP	Long Branch NJ 07740	
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 exemptions contained in Section 119, Florida Statutes. I further certify that the information included 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* 4-30-08 850 584 2944