

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008416

FILED
Apr 26, 2009
Secretary of State

Entity Name: SUBWAY DIXON RESCUE FUND INC.

Current Principal Place of Business:

3364 FOLEY CUT OFF RD.
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

3364 FOLEY CUT OFF RD.
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3752242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, MARY LOU
3364 FOLEY CUT OFF RD.
PERRY, FL 32348 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: PD () Delete
Name: DIXON, MARY LOU
Address: 5609 HIGHWAY 19 SOUTH
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: BENNETT, JIMMIE
Address: 121 PINE TREE RD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: MATTHIES, JEAN
Address: 515 TEAK DR
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: BAKER, NANCY
Address: 1599 N. JEFFERSON
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SPENCER, JODY D DR
Address: 1599 N JEFFERSON
City-St-Zip: MONTICELLO, FL 32344

Title: V () Delete
Name: VAN LOOKE, MEREDITH
Address: 205 DOGWOOD LANE
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: V (X) Change () Addition
Name: VAN LOOCK, MEREDYTH
Address: 205 DOGWOOD LANE
City-St-Zip: PERRY, FL 32348

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: MARY LOU DIXON

RA

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date