2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000000864 1. Entity Name SOUTH LAKE DIXIE YOUTH, INC.



FILED

Jan 10, 2007 8:00 am Secretary of State

01-10-2007 90046 048 ****61.25

				TEE				
250 SOUTH MAIN AVENUE 250		250 South Main Avenue			4000	100 f		
usiness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007 Ch	ng-NP CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 14-187174	9	<u> </u>	plied For t Applicable
Country			intry				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
			Name					
LAW, JULIA R 250 SOUTH MAIN AVENUE GROVELAND, FL 34736			Street Address (P.O. Box Number is Not Acceptable)					
			City				Zin Code	
			City	FL Zip Code				
	nd title if applicable. (NO	TE: Registere	d Agent signat	ure required	when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	ay Be Make check payable to Florida Department of State		
OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10
	7 Delete	TITLE	F.	DF)		W.00	Addition
QUAIG, CARL	2 0000			MCQt	AIG, CARL			
MASCOTTE EMPIRE RD		STRE	EET ADDRESS	1472	0 Mascotte	Empire Road		
ELAND, FL 34736		CITY	-ST-ZiP					
	☐ Delete	TITLE		Grov	eland, FL	34736		
EDC DANUEL A			E	Grov		34736	☐ Change	☐ Addition
ERS, DANIEL A		NAM		Grov		34736	☐ Change	☐ Addition
STEPHENS ROAD				Grov		34736	☐ Change	☐ Addition
·		STRE	IE	Grov		34736	☐ Change	☐ Addition
STEPHENS ROAD	☐ Delete	STRE	ie Eet address '-st-zip	Grov		34736	☐ Change	Addition Addition
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STEPHENS ROAD ELAND, FL 34736 IAIG, STEPHANIE E MASCOTTE EMPIRE ROA	☐ Delete	STRE CITY TITLE NAM STRE	EET ADDRESS '-ST-ZIP E EET AODRESS	Grov		34736		
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	Country Country The and Address of Current R N AVENUE 34736 Entity submits this statement for agistered agent. The Is \$61.25 By May 1, 2007	ENUE 736 250 SOUTH MAIN AVE GROVELAND, FL 3473 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip ame and Address of Current Registered Agent N AVENUE 34736 entity submits this statement for the purpose of changing its gistered agent. Typed or printed name of registered agent and title if applicable (NO Fee is \$61.25 y May 1, 2007 OFFICERS AND DIRECTORS CUAIG, CARL MASCOTTE EMPIRE RD (ELAND, FL 34736	ENUE 736 250 SOUTH MAIN AVENUE GROVELAND, FL 34736 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country AVENUE 34736 Partity submits this statement for the purpose of changing its registered agent. AVENUE 34736 Provided or printed name of registered agent and bite if applicable. (NOTE: Registered agent. Typed or printed name of registered agent and bite if applicable. Typed or printed name of registered agent and bite if applicable. Country OFFICERS AND DIRECTORS 11. COUAIG, CARL MASCOTTE EMPIRE RD (FLAND, FL 34736 CITY	ENUE 736 250 SOUTH MAIN AVENUE GROVELAND, FL 34736 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State Country Imme and Address of Current Registered Agent Name NAVENUE 34736 Street A City City City City City Proof or printed name of registered agent and title if applicable. (NOTE: Registered Agent signal Trust Fund Contribution. OFFICERS AND DIRECTORS 11. DUAIG, CARL MASCOTTE EMPIRE RD	ENUE 736 250 SOUTH MAIN AVENUE GROVELAND, FL 34736 Usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State Country Tip Country Tip Country Tip Country Street Address (F City C	ENUE 250 SOUTH MAIN AVENUE GROVELAND, FL 34736 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State Country Country Zip Country 5. Certificate of Strame and Address of Current Registered Agent Name Street Address (P.O. Box Number is 1) Street Address (P.O. Box Number is 1) City City City Street Address (P.O. Box Number is 1) City Proof or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) Fee is \$61.25 y May 1, 2007 Grider Street Address (P.O. Box Number is 1) Free is \$61.25 y May 1, 2007 City Street Address ignature required when reinstating) Free is \$61.25 y May 1, 2007 City Delete IIILE NAME CUAIG, CARL MASCOTTE EMPIRE RD	usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 01042007 Chg-NP CR2E0 City & State 4. FEI Number 14-1871749 Country Zip Country 5. Certificate of Status Desired 14-1871749 Imme and Address of Current Registered Agent 7. Name and Address of New Registered Name N AVENUE 34736 Street Address (P.O. Box Number is Not Acceptable) City FL contribution or primed name of registered agent, or both, in the State of Florida. I am argistered agent. NAME 15-10-10-10-10-10-10-10-10-10-10-10-10-10-	ENUE 350 SOUTH MAIN AVENUE GROVELAND, FL 34736 Suite, Apt. #, etc. O1042007 Chg-NP CR2E037 (12/06) City & State Country Zip Country Zip Country To Country To Country To Country Street Address of Status Desired Street Address of New Registered Agent Name NAVENUE 34736 Street Address (P.O. Box Number is Not Acceptable) City City City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Foe Is \$61.25 y May 1, 2007 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN EX Change COLARG, CARL

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

R OR DIRECTOR

Delete

352.429.3255

☐ Change

☐ Addition