

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 14, 2006
Secretary of State**

DOCUMENT# N03000001675

Entity Name: DIXIE COUNTY LITTLE LEAGUE, INC,

Current Principal Place of Business:

P O BOX 2328
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

P O BOX 2328
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-3075776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTGOMERY, GARY
P.O. BOX 2328
CROSS CITY, FL 32628 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: MONTGOMERY, GARY
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

Title: VD () Delete
Name: FLOWERS, DANNY
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

Title: SD () Delete
Name: HART, DAWN
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

Title: TD () Delete
Name: LORD, CHERYL
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: SPURLIN, JODI
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: LORD, CHERYL
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

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

Title: D (X) Change () Addition
Name: HATCH, MARK
Address: P O BOX 2328
City-St-Zip: CROSS CITY, FL 32628

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL LORD

TD

08/14/2006

Electronic Signature of Signing Officer or Director

_____ Date