

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001675

FILED
Jan 18, 2007
Secretary of State

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:

VETERANS RD
CROSS CITY, FL 32628

Current Mailing Address:

P O BOX 2328
CROSS CITY, FL 32628

New Mailing Address:

VETERANS ROAD
P.O. BOX 2328
CROSS CITY, FL 32628

FEI Number: 59-3075776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

MONTGOMERY, GARY
3650 NE 353 HWY
OLD TOWN, FL 32628 US

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: GARY MONTGOMERY

01/18/2007

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: LORD, CHERYL
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: HATCH, MARK
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

SD

01/18/2007

Electronic Signature of Signing Officer or Director

Date