

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90013 022 ****61.25

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1. Entity Name

NORTH STAR PHILANTHROPIC PRIVATE FOUNDATION, INC.



Principal Place of Business

**662 HIGHWAY 98 EAST, SUITE 610
DESTIN FL 32541**

Mailing Address

**662 HIGHWAY 98 EAST, SUITE 610
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

20-0719120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIXON, DAVID A
662 HIGHWAY 98 EAST, SUITE 610
DESTIN FL 32541**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 NAME ☐ Delete
DIXON, DAVID A
STREET ADDRESS 662 HIGHWAY 98 EAST, SUITE 610
CITY - ST - ZIP DESTIN FL 32541

TITLE NAME ☐ Delete
DIXON, KALEEN K
STREET ADDRESS 662 HIGHWAY 98 EAST, SUITE 610
CITY - ST - ZIP DESTIN FL 32541

TITLE NAME ☐ Delete
DIXON, CHRISTOPHER A
STREET ADDRESS 1385 ARMAND DRIVE, #204
CITY - ST - ZIP MEMPHIS TN 38013

TITLE NAME ☐ Delete
DIXON, DAVID E
STREET ADDRESS 662 HIGHWAY 98 EAST, SUITE 610
CITY - ST - ZIP DESTIN FL 32541

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

David A. Dixon **DAVID A. DIXON**

3/28/04 850-654-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #