

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010890

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** NORTH STAR PHILANTHROPIC PRIVATE FOUNDATION, INC.

**Current Principal Place of Business:**

662 HARBOR BOULEVARD  
SUITE 610  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

662 HARBOR BOULEVARD  
SUITE 610  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 20-0719120 **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:**

**Name and Address of New Registered Agent:**

DIXON, DAVID A  
662 HARBOR BOULEVARD  
SUITE 610  
DESTIN, FL 32541 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIXON, DAVID A  
Address: 662 HARBOR BOULEVARD SUITE 610  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: DIXON, KALEEN K  
Address: 662 HARBOR BOULEVARD SUITE 610  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: DIXON, CHRISTOPHER A  
Address: 2247 WICKIRWOOD COVE  
City-St-Zip: MEMPHIS, TN 38119

Title: D ( ) Delete  
Name: DIXON, DAVID E  
Address: 2617 SHENANDOAH AVE  
City-St-Zip: CHARLOTTE, NC 28205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: DIXON, CHRISTOPHER A  
Address: 1169 BYRNWYCK WAY  
City-St-Zip: ATLANTA, GA 30319

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

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: KALEEN K. DIXON

D

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date