2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 004 ****61.25

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1. Entity Name

DIXIE COUNTY HUMANE SOCIETY, CORP.

Principal Place of Business	Mailing Address
1199 NE 582 AVE OLD TOWN FL 32680	1199 NE 582 AVE OLD TOWN FL 32680

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
P.O. BOX 192	PO BOX 192
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLD TOWN, FL	City & State: OLD TOWN
Zip: 32680 County: FL	Zip: 32680 County: FL

1st MOORE CR2E037 (10/06)

4. FEI Number: 113774793 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWANSON, PAMELA 1199 NE 582 AVE OLD TOWN FL 32680	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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, PAMELA 1199 NE 582 AVE OLD TOWN FL 32680 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, PAMELA P.O. BOX 192 OLD TOWN, FL. 32680 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, KEN PO BOX 35 OLD TOWN FL 32680 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUST, KELLI PO BOX 1788 CROSS CITY FL 32628 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Pamela Swanson — Feb. 14, 09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #