

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003156

FILED
Apr 26, 2009
Secretary of State

Entity Name: DIXIE COUNTY HUMANE SOCIETY, CORP.

Current Principal Place of Business:

PO BOX 192
OLD TOWN, FL 32680

New Principal Place of Business:

384 NE 90TH AVE
OLD TOWN, FL 32680

Current Mailing Address:

PO BOX 192
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 11-3774793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, PAMELA
1199 NE 582 AVE
OLD TOWN, FL 32680 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: P () Delete
Name: SWANSON, PAMELA
Address: PO BOX 192
City-St-Zip: OLD TOWN, FL 32680

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V () Change (X) Addition
Name: THOMAS, JOHN
Address: 10720 NE HWY 351
City-St-Zip: OLD TOWN, FL 32680

Title: S () Change (X) Addition
Name: MILLER, REBECCA
Address: 752 NE 201 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: T () Change (X) Addition
Name: NOLAN, MARGRET
Address: 2109 S MOHICAN TRAIL
City-St-Zip: INVERNESS, FL 34450

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: PAMELA SWANSON

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date