

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012063

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** PASSAGE FAMILY & COMMUNITY ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

2020 NE 15TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2020 NE 15TH STREET  
GAINESVILLE, FL 32609

**New Mailing Address:**

P O BOX 5698  
GAINESVILLE, FL 32627

**FEI Number:** 80-0139346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIX, GEORGE B JR.  
11503 N.W. 136TH STREET  
ALACHUA, FL 32615 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: PT  
Name: DIX, GEORGE B JR.  
Address: 11503 N.W. 136TH STREET  
City-St-Zip: ALACHUA, FL 32615

Title: VPT  
Name: DIX, ROSALYN M  
Address: 11503 N.W. 136TH STREET  
City-St-Zip: ALACHUA, FL 32615

Title: T  
Name: GRAHAM, HOLLIE  
Address: 618 SE 14TH TERR  
City-St-Zip: GAINESVILLE, FL 32641

Title: AST  
Name: BATES, NEDRA  
Address: P O BOX 872  
City-St-Zip: ALACHUA, FL 32615

Title: ST  
Name: HUTCHINSON, ORAN C  
Address: 3113 N.W. 53RD DRIVE  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: GEORGE B DIX, JR

PT

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date