

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011096

FILED
Mar 09, 2009
Secretary of State

Entity Name: PAXTON DIXIE YOUTH BASEBALL, INC.

Current Principal Place of Business:

22036 HIGHWAY 311 NORTH
PAXTON, FL 32538

New Principal Place of Business:

Current Mailing Address:

PO BOX 1211
PAXTON, FL 32538

New Mailing Address:

FEI Number: 59-3441924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, CHRISTA
38 PAXTON STREET
PAXTON, FL 32538 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: PD () Delete
Name: MITCHELL, CHRISTA
Address: 38 PAXTON STREET
City-St-Zip: PAXTON, FL 32538

Title: VPD () Delete
Name: CARNLEY, CHRIS
Address: 212 THOMAS DRIVE
City-St-Zip: LAUREL HILL, FL

Title: SD () Delete
Name: CARROLL, MARIE
Address: 158 CLARK DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TD () Delete
Name: TURNER, NYLEAH
Address: 771 CANNON DRIVE
City-St-Zip: LAUREL HILL, FL 32567

Title: D () Delete
Name: LONG, JERRY
Address: 222 BANN CIRCLE
City-St-Zip: PAXTON, FL 32538

Title: D () Delete
Name: VARNUM, DONALD
Address: 1902 VARNUM ROAD
City-St-Zip: LAUREL HILL, FL 32567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARIE CARROLL, LEAGUE SECRETARY

SD

03/09/2009

Electronic Signature of Signing Officer or Director

Date