

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005702

FILED
Apr 18, 2012
Secretary of State

Entity Name: DIXIE COUNTY AERIE NO. 4520, FOE, INC

Current Principal Place of Business:

27844 S E HWY 19
RIVERSIDE PLAZA
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

P O BOX 380
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 27-0211988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, MICHAEL A
7051 SW 111TH TERRACE
CEDAR KEY, FL 32625 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
Name: CHAMBERS, MILTON S
Address: 364 NE 368 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: VD
Name: STANLEY, WEAVER M
Address: P O BOX 1326
City-St-Zip: OLD TOWN, FL 32680

Title: SD
Name: FISCHER, MICHAEL A
Address: PO BOX 996
City-St-Zip: CEDAR KEY, FL 32625

Title: T
Name: METHENEY, RICHARD A
Address: 1420 NE 206 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: T
Name: RAGSDALE, JACK W
Address: PO BOX 689
City-St-Zip: CHIEFLAND, FL 32684

Title: T
Name: KEN, GRAWCOCK E
Address: PO BOX 589
City-St-Zip: TRENTON, FL 32693

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: MICHAEL A FISCHER

SD

04/18/2012

Electronic Signature of Signing Officer or Director

Date