

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005777

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** DIXIE COUNTY AUXILIARY NO. 4520, FOE, INC.

**Current Principal Place of Business:**

27844 SE US 19  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

27844 SE US 19  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 30-0568313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SNYDER-WACHA-HODGE, MARY  
235 NE 594 STREET  
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: PD  
Name: BUTTERS, KATHLEEN  
Address: 17530 NW 90 COURT 902E  
City-St-Zip: TRENTON, FL 32693

Title: VD  
Name: DYER, WANDA  
Address: 452 NE 539 ST  
City-St-Zip: OLD TOWN, FL 32680

Title: SD  
Name: SNYDER-WACHA-HODGE, MARY  
Address: 235 NE 594 STREET  
City-St-Zip: OLD TOWN, FL 32680

Title: TD  
Name: PELFREY, SUE  
Address: 17530 NW 90 COURT 902E  
City-St-Zip: TRENTON, FL 32693

Title: T  
Name: SNYDER, KIMBERLEE  
Address: 2126 NE 642 STREET  
City-St-Zip: OLD TOWN, FL 32680

Title: T  
Name: CLAFLIN, MARY PATRICIA  
Address: 1208 NE 394 STREET  
City-St-Zip: OLD TOWN, FL 32680

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: MARY SNYDER-WACHA-HODGE

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04/29/2011

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

\_\_\_\_\_  
Date