## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000005777

RI FILED Jun 08, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

27844 SE US 19 OLD TOWN, FL 32680

Current Mailing Address: New Mailing Address:

27844 SE US 19 OLD TOWN, FL 32680

FEI Number: 30-0568313 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SNYDER-WACHA-HODGE, MARY
235 NE 594 STREET
OLD TOWN, FL 32680 US
CHAMBERS, JOAN M
364 NE 368 AVE
OLD TOWN, FL 32680 US

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: JOAN M. CHAMBERS 06/08/2011

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:
 CHAMBERS, JOAN M

 Address:
 364 NE 368 AVE

 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:

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

Title:

 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: JOAN M. CHAMBERS SD 06/08/2011