

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18581

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: ROBERT K. DIXON FOUNDATION, INC.

**Current Principal Place of Business:**

826 GLADES CT NE  
ST PETERSBURG, FL 33702 US

**New Principal Place of Business:**

486 YACHT HARBOR DRIVE  
OSPREY, FL 34229 US

**Current Mailing Address:**

826 GLADES CT NE  
ST. PETERSBURG, FL 33702 US

**New Mailing Address:**

486 YACHT HARBOR DRIVE  
OSPREY, FL 34229 US

FEI Number: 59-2748301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAUG, NANCY  
826 GLADES COURT NE  
ST. PETERSBURG, FL 33702 US

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

DIXON, NANCY L  
486 YACHT HARBOR DRIVE  
OSPREY, FL 34229 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: NANCY L. DIXON

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: HAUG, NANCY,  
Address: 826 GLADES COURT NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: DPT ( ) Delete  
Name: TOUCHTON, KAREN SUE,  
Address: 5030 SOUTH HILLS POINT  
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete  
Name: SCHRAMEK, SUE  
Address: 1456 ROLLING RIDGE RD  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVS (X) Change ( ) Addition  
Name: DIXON, NANCY,  
Address: 486 YACHT HARBOR DRIVE  
City-St-Zip: OSPREY, FL 34229 US

Title: DPT (X) Change ( ) Addition  
Name: TOUCHTON, KAREN SUE,  
Address: 5030 SOUTH HILLS POINT  
City-St-Zip: LECANTO, FL 34461 US

Title: D (X) Change ( ) Addition  
Name: SCHRAMEK, SUE  
Address: 1456 ROLLING RIDGE RD  
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY L. DIXON

DVS

04/24/2006

Electronic Signature of Signing Officer or Director

Date