
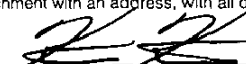


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90015 002 \*\*\*\*61.25

<b>DOCUMENT # N22778</b>					
1. Entity Name DIXIE-GILCHRIST-LEVY MULTIPLE LISTING SERVICE, INC.					
Principal Place of Business 4W PARK AVE CHIEFLAND, FL 32626 US		Mailing Address P.O. BOX 2059 CHIEFLAND, FL 32644 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2843794	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS, LORENE CENTURY 21 LORENE THOMAS REALTY INC. HWY 98 S OLD TOWN, FL 32680				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTIT, JOHN		NAME	McNulty, Patricia	
STREET ADDRESS	PO 1722		STREET ADDRESS	16070 NW 80th COURT	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYNARD, OWEN		NAME	ABBiss, Carole	
STREET ADDRESS	1835 N. YOUNG		STREET ADDRESS	PO 8	
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	Bell, FL 32619	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANCASTER, DEEN		NAME	Wessels, Pam	
STREET ADDRESS	1431 E WADE		STREET ADDRESS	PO 649	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	Steinhatchee, FL 32359	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNS, KEITH		NAME	Kearns, Keith	
STREET ADDRESS	10890 SVV 72ND COURT		STREET ADDRESS	10890 SVV 72nd COURT	
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUESTA, DOT		NAME	Cuesta, DOT	
STREET ADDRESS	216 A MAIN ST		STREET ADDRESS	216 A MAIN ST	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, APRIL		NAME	Quincy, Lisa	
STREET ADDRESS	33 SE 302ND AVE		STREET ADDRESS	190 E THRASHER	
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP	BRANSON FL 32621	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Keith Kearns President		Date: 1-10-08 Daytime Phone #: 352-493-9683	