2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22778

FILED Jan 22, 2009 Secretary of State

Entity Name: DIXIE-GILCHRIST-LEVY MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business: New Principal Place of Business: 4W PARK AVE CHIEFLAND, FL 32626 US **Current Mailing Address: New Mailing Address:** P.O. BOX 2059 CHIEFLAND, FL 32644 US FEI Number: 59-2843794 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: THOMAS, LORENE CENTURY 21 LORENE THOMAS REALTY INC. **HWY 98 S** 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SCHWARTZ, RPBOM MCNULTY, PATRICIA Name: Name: 16070 NW 80TH CT Address: PO 2200 Address: City-St-Zip: TRENTON, FL 32693 City-St-Zip: HIGH SPRINGS, FL 32655 Title: () Delete Title: (X) Change () Addition ABBISS, CAROLE Name: MCNULTY, PATRICIA Name: Address: POB 8 Address: 16070 NW 80TH COURT City-St-Zip: BELL, FL 32619 City-St-Zip: TRENTON, FL 32619 32 Title: () Delete Title: () Change () Addition WESSELS, PAM Name: Name: Address: POR 647 Address: City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: Title: DP Title: () Delete (X) Change () Addition Name: KEARNS, KEITH Name: WARD, JOEL Address: 10890 SW 72ND CT Address: 17871W HWY 19 City-St-Zip: CHIEFLAND, FL 32626 City-St-Zip: TRENTON, FL 32693 Title: () Delete Title: (X) Change () Addition CUESTA, DOT CUESTA, DOT Name: Name: 701 NW 1ST AV. Address: 216 A MAIN ST Address: City-St-Zip: TRENTON, FL 32693 City-St-Zip: TRENTON, FL 32693 Title: () Delete Title: () Change () Addition QUINCEY, LISA Name: Name: Address: 190 E THRASHER Address: BRONSON, FL 32621 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOT CUESTA TD 01/22/2009