

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22778

FILED  
Jan 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4W PARK AVE  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2059  
CHIEFLAND, FL 32644 US

**New Mailing Address:**

FEI Number: 59-2843794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, LORENE  
CENTURY 21 LORENE THOMAS REALTY INC.  
HWY 98 S  
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: P  
Name: BAYNARD, OWEN  
Address: 328 NE FIRST ST.  
City-St-Zip: CHIEFLAND, FL 32626

Title: VP  
Name: MCNULTY, PATRICIA  
Address: 16070 NW 80TH COURT  
City-St-Zip: TRENTON, FL 32619 32

Title: D  
Name: HUTCHISON, MELANIE  
Address: PO 1692  
City-St-Zip: CHIEFLAND, FL 32644

Title: D  
Name: DRUMMOND, DEBBIE  
Address: 8276 NW 55TH AVE  
City-St-Zip: CHIEFLAND, FL 32626

Title: TD  
Name: PAUL, TROKE  
Address: PO 1208  
City-St-Zip: TRENTON, FL 32693

Title: SD  
Name: THOMAS, NATALIE  
Address: 190 E THRASHER  
City-St-Zip: BRONSON, FL 32621

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: PATRICIA MCNULTY

VP

01/11/2011

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

\_\_\_\_\_  
Date