FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45875 (4)

1. Corporation Name
BELLEVIEW DIXIE YOUTH INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 550 BELLEVIEW FL 32620	P.O. BOX 550 BELLEVIEW FL 32620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1991
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-3103937 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SCHAFER, KATHY A.
13635 S.E. 49TH TERRACE
SUMMERFIELD FL 32691

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathy A. Schafer Kathy A Schafer V.P 2-14-95
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WINE, GARY	1.2 NAME	
STREET ADDRESS	~~5331 SE 109TH ST~~ 5234 SE 109th ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, JAMES	2.2 NAME	
STREET ADDRESS	3655 SE 133RD PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	CONDER, CHARLES	3.2 NAME	Spivey, Les
STREET ADDRESS	7967 SE 121 PL	3.3 STREET ADDRESS	4934 SE 166th St
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP	Summerfield FL 34491
TITLE	VTD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFER, KATHY	4.2 NAME	
STREET ADDRESS	13635 SE 49TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WESTON, CHARLES	5.2 NAME	
STREET ADDRESS	11629 SE HWY 475	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, MIKE	6.2 NAME	
STREET ADDRESS	5060 SE 149TH PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary N Wine 2-14-95 347-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004946