FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N45875** **(4)**

1. Corporation Name
BELLEVIEW DIXIE YOUTH INCORPORATED

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

Mailing Address
P.O. BOX 550
BELLEVIEW FL 32620

3. Date Incorporated or Qualified: 11/04/1991
3a. Date of Last Report: 02/17/1995

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SCHAFER, KATHY A.
~~13635 S.E. 49TH TERRACE~~ 5236 SE 109 ST
~~SUMMERFIELD FL 32691~~ Belleview, Fl 34420

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable):
83: 800001763738 -04/01/96--01009--030
84 City: ***61.25 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Kathy Schafer
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resignating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	WINE, GARY	
STREET ADDRESS	5236 SW 109TH ST	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	VD	☒ DELETE
NAME	JOHNSTON, JAMES	
STREET ADDRESS	3655 SE 133RD PL	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	SD	☒ DELETE
NAME	SPIVEY, LES	
STREET ADDRESS	4934 SE 166TH ST	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VTD	☒ DELETE
NAME	SCHAFER, KATHY	
STREET ADDRESS	13635 SE 49TH TERR	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	☒ DELETE
NAME	WESTON, CHARLES	
STREET ADDRESS	11629 SE HWY 475	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	HORNE, MIKE	
STREET ADDRESS	5060 SE 149TH PL	
CITY-ST-ZIP	SUMMERFIELD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	☒ Change ☐ Addition
1.2 NAME	JAMES Johnston	
1.3 STREET ADDRESS	3655 SE 133RD Pl	
1.4 CITY-ST-ZIP	Belleview Fl 34420	
2.1 TITLE	VP/Director	☒ Change ☐ Addition
2.2 NAME	Les Spivey	
2.3 STREET ADDRESS	4934 SE 166th ST	
2.4 CITY-ST-ZIP	Summerfield Fl 34491	
3.1 TITLE	VP/Director	☐ Change ☒ Addition
3.2 NAME	ED Mottl	
3.3 STREET ADDRESS	P.O. Box 1033 — N/A	
3.4 CITY-ST-ZIP	Belleview Fl 34421	
4.1 TITLE	PD/T/Director	☒ Change ☐ Addition
4.2 NAME	Kathy Schafer	
4.3 STREET ADDRESS	5236 SE 109th ST	
4.4 CITY-ST-ZIP	Belleview Fl 34420	
5.1 TITLE	Secretary/Director	☐ Change ☒ Addition
5.2 NAME	Denise Benton	
5.3 STREET ADDRESS	7414 SE 114th LANE	
5.4 CITY-ST-ZIP	Belleview Fl 34420	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	Same	
6.4 CITY-ST-ZIP		

JV 3.30

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)(k), 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: Kathy Schafer — 2-26-96 — 245-5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)