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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N45875

(4)

1. Corporation Name

BELLEVUE DIXIE YOUTH INCORPORATED



Principal Place of Business

P.O. BOX 550  
BELLEVUE FL 32620

Mailing Address

P.O. BOX 550  
BELLEVUE FL 34421-0550

3. Date Incorporated or Qualified  
11/04/1991

3a. Date of Last Report  
03/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

SCHAFER, KATHY A.  
5236 SE 109 ST  
BELLEVUE FL 34420

JAMES P JOHNSON  
3655 SE 133RD PI  
Bellevue FL 34420

81 Name

JAMES JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

3655 SE 133RD PI  
-06/24/97--01008--012

83

84 City

BELLEVUE

FL 34420

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JOHNSON, JAMES  
STREET ADDRESS 3655 SE 133RD DR  
CITY-ST-ZIP BELLEVUE FL 34420

1.1 TITLE President  
1.2 NAME James P Johnson  
1.3 STREET ADDRESS 3655 SE 133RD PI  
1.4 CITY-ST-ZIP Bellevue FL 34420

TITLE VPD  
NAME SPIVEY, LES  
STREET ADDRESS 4934 SE 186TH ST  
CITY-ST-ZIP SUMMERFIELD FL 34401

2.1 TITLE VPD  
2.2 NAME DON BENTON  
2.3 STREET ADDRESS 7414 SE 114TH LANE  
2.4 CITY-ST-ZIP BELLEVUE, FL. 34420

TITLE VPD  
NAME MOTTI, ED  
STREET ADDRESS PO BOX 1033-(NA)  
CITY-ST-ZIP BELLEVUE FL 34421

3.1 TITLE VPD  
3.2 NAME RICK FORT  
3.3 STREET ADDRESS 10585 SE 111TH CT.  
3.4 CITY-ST-ZIP Ocala, FL 34472

TITLE TD  
NAME SCHAFER, KATHY  
STREET ADDRESS 5236 SE 109TH STRR  
CITY-ST-ZIP BELLEVUE FL 34420

4.1 TITLE TD  
4.2 NAME BILL RADORSKI  
4.3 STREET ADDRESS 4968 SE 37TH AVE.  
4.4 CITY-ST-ZIP Ocala, FL. 34480

TITLE SD  
NAME BENTON, DENISE  
STREET ADDRESS 7414 SE 114TH LN  
CITY-ST-ZIP BELLEVUE FL 34420

5.1 TITLE SD  
5.2 NAME NORA ALLEN  
5.3 STREET ADDRESS 6787 SE 125TH ST. LOT #4  
5.4 CITY-ST-ZIP BELLEVUE, FL. 34420

TITLE D  
NAME HORNE, MIKE  
STREET ADDRESS 5060 SE 149TH PL  
CITY-ST-ZIP SUMMERFIELD FL

6.1 TITLE Mike Horne  
6.2 NAME  
6.3 STREET ADDRESS 5060 SE 149TH PI  
6.4 CITY-ST-ZIP Summerfield FL

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)