

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45875

FILED
Aug 31, 2005
Secretary of State

Entity Name: BELLEVIEW DIXIE YOUTH INCORPORATED

Current Principal Place of Business:

P.O. BOX 550
BELLEVIEW, FL 344210550

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550
BELLEVIEW, FL 344210550

New Mailing Address:

FEI Number: 59-3103937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HATCHER, LYNN M
5428 SE HWY 42
SUMMERFIELD, FL 34491 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:

Title: VD () Delete
Name: ANDREWS, MIKE
Address: 14145 S. HWY 301
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD () Delete
Name: HENRY, WILLIAM
Address: 4065 SE 150TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD () Delete
Name: ANDREWS, BARBARA
Address: 14145 S HWY 301
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD () Delete
Name: HATCHER, LYNN
Address: 5428 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HARRIS, JAMES
Address: HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNN M. HATCHER

TRES

08/31/2005

Electronic Signature of Signing Officer or Director

Date