


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90239 022 \*\*\*\*70.00

<b>DOCUMENT # N45875</b> 1. Entity Name <b>BELLEVUE DIXIE YOUTH INCORPORATED</b>					
Principal Place of Business P.O. BOX 550 BELLEVUE, FL 34421-0550			Mailing Address P.O. BOX 550 BELLEVUE, FL 34421-0550		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012006 Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-3103937</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HATCHER, LYNN M</b> <b>5428 SE HWY 42</b> <b>SUMMERFIELD, FL 34491</b>			7. Name and Address of New Registered Agent Name <b>Wyatt, Kathy</b> Street Address (P.O. Box Number is Not Acceptable) <b>15621 SE 103 Terrace</b> City <b>Summerfield</b> <b>FL</b> Zip Code <b>34491</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Kathy Wyatt</u> <u>Kathy Wyatt, Treasurer</u> <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HARRIS, JAMES HWY 42 SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, WILLIAM 4065 SE 150TH ST SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREWS, BARBARA 14145 S HWY 301 SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dennis, Patricia 11738 SE 60th Avenue Bellevue, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HATCHER, LYNN 5428 SE HWY 42 SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wyatt, Kathy 15621 SE 103 Terrace Summerfield, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kathy Wyatt</u> <u>Kathy Wyatt, Treas</u> <u>4/29/06</u> <u>352-804-6560</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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