


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 014 ****70.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # N45875 1. Entity Name BELLEVUE DIXIE YOUTH INCORPORATED | | | |  | |
| 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 - No P.O. Box # 6501 SE 107th St. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Bellevue, FL | | City & State Suite, Apt. #, etc. | | 4. FEI Number 59-3103937 | |
| Zip 34420 | | Country Marion | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WYATT, KATHY 15621 SE 103 TERRACE SUMMERFIELD, FL 34491 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 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 | VD HENRY, WILLIAM 4065 SE 150TH ST SUMMERFIELD, FL 34491 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DENNIS, PATRICIA 11738 SE 60TH AVE BELLEVUE, FL 34420 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WYATT, KATHY 15621 SE 103 TERRACE SUMMERFIELD, FL 34491 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YAWN, CHRIS 12101 S. HWY 301 Bellevue FL 34420 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YAWN, LEONA 12101 S. HWY 301 Bellevue FL 34420 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YAWN, LEONA 12101 S. HWY 301 Bellevue FL 34420 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YAWN, LEONA 12101 S. HWY 301 Bellevue FL 34420 | <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: Kathy Wyatt | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 4-30-07 | | | | | |
| Daytime Phone # 352-804-6560 | | | | | |