

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N45875

1. Entity Name
BELLEVUE DIXIE YOUTH INCORPORATED



Principal Place of Business
**6501 S.E. 107TH STREET
BELLEVUE, FL 34420**

Mailing Address
**P.O. BOX 550
BELLEVUE, FL 34421-0550**



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3103937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WYATT, KATHY
15621 SE 103 TERRACE
SUMMERFIELD, FL 34491**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000901955
04/29/08-80090-003 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HARRIS, JAMES
HWY 42
SUMMERFIELD, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
YAWN, CHRIS
12101 S. HWY 301
BELLEVUE, FL 34420**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
YAWN, LEONA
12101 S. HWY 301
BELLEVUE, FL 34420**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WYATT, KATHY
15621 SE 103 TERRACE
SUMMERFIELD, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 352-288-0803

Date

Daytime Phone #