Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N48782

1. Corporation Name

DIXIE COUNTY WOMAN'S CLUB, INC.

Principal Place of Business

2. Principal Place of Business

P O BOX 898 CROSS CITY FL 32628

Suite, Apt. #, etc.

Mailing Address

P O BOX 898

CROSS CITY FL 32628

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90014 033 ****61.25



3. Date Incorporated or Qualifed

05/06/1992

59-3104620

FEI Number

City & State City & State	22		27					59-3 104620			ot Applicable	
Zip	City & Sta	City & State		City & State			5.	Certifcate of Status Desired				
B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. 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 agent. I am familiar with, and accept the obligations of . Section 617,0502. Priorida Statutes 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 617,0502. Priorida Statutes 13. Name 14. 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 agent. I am familiar with, and accept the obligations of . Section 617,0502. Priorida Statutes. 15. Pursuant to the provisions or Sections 617,0502 and 617,0502. Priorida Statutes. 16. Name 17. Pursuant to the provisions or Sections 617,0502 and 617,0502. Priorida Statutes. 18. Name 18. Name 18. Name 19. Pursuant to the provisions or Sections 617,0502 and 617,0502. Priorida Statutes. 19. Name	23						1					
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MILLER, MARY C. MADISON AVENUE BOX 838 CROSS CITY FL 32628-0838 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes. the advent-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. The control 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 ITIME DV OROSS CITY, FL 32628 14. CITY-ST-2P CROSS CITY, FL 32628 14. CITY-ST-2P TITLE DV OROSS CITY, FL 32628 17. CANNER ACHARS ST. BOX 490 DELETE 21 TITLE DV OROSS CITY, FL 32628 14. CITY-ST-2P TITLE DV ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change A	24	25 29 30								to Fees		
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I 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, with all other like empowered.

SIGNATURE: