


**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90039 014 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N94000002224**  
 1. Entity Name  
 DIXIE COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business  
 OLD OLD TOWN SCHOOL  
 761 SE 349 HIGHWAY  
 OLD TOWN, FL 32680 US

Mailing Address  
 P.O. BOX 928  
 CROSS CITY, FL 32628

40900574



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
 59-3250064

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANNE G HODGES  
 85 NORTHEAST 126TH STREET  
 CROSS CITY, FL 32628

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMB, HOYT 11938 NE 349 HIGHWAY OLD TOWN, FL 32628 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODGES, ANNE G 85 NE 126TH STREE CROSS CITY, FL 32628 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, DANA P O BOX 2281 CROSS CITY, FL 32628 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, THOMAS 745 NE 200 AVE OLD TOWN, FL 32680 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRE, RALPH PO BOX 235 OLD TOWN, FL 32680 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, ANNIE L 11581 SE 351 HIGHWAY HORSESHOE BEACH, FL 32648 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>SD Johnson, Dana          P.O. Box 2281 NA          CROSS CITY, FL 32628</i>
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"/> Change <input type="checkbox"/> Addition
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: *Anne G Hodges* **Anne G Hodges** Treasurer 1/4/06 <sup>352</sup> 498-7067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #