

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**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**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3250064**

Applied For  
Not Applicable

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**

**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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000589823  
01/18/07 80031-017 61 25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMB, HOYT
STREET ADDRESS	11938 NE 349 HIGHWAY
CITY-ST-ZIP	OLD TOWN, FL 32628
TITLE	TD
NAME	HODGES, ANNE G
STREET ADDRESS	85 NE 126TH STREE
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	SD
NAME	JOHNSON, DANA
STREET ADDRESS	P O BOX 2281
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	VP
NAME	BROWN, THOMAS
STREET ADDRESS	745 NE 200 AVE
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	D
NAME	TYRE, RALPH
STREET ADDRESS	PO BOX 235
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	D
NAME	OSTEEN, ANNIE L
STREET ADDRESS	11581 SE 351 HIGHWAY
CITY-ST-ZIP	HORSESHOE BEACH, FL 32648

**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

Date

Daytime Phone #

1/16/0

352-4487061

Anne G Hodges