

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90004 009 ****61.25

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**

40028460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3250064

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME LAMB, HOYT
STREET ADDRESS 11938 NE 349 HIGHWAY
CITY-ST-ZIP OLD TOWN, FL 32628

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Chewing, Cindy
STREET ADDRESS 9927 NE HWY 349
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE TD ☐ Delete
NAME HODGES, ANNE G
STREET ADDRESS 85 NE 126TH STREE
CITY-ST-ZIP CROSS CITY, FL 32628

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME JOHNSON, DANA
STREET ADDRESS P O BOX 2281
CITY-ST-ZIP CROSS CITY, FL 32628

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32 SE 55 Ave -
CITY-ST-ZIP CROSS CITY, FL 32628

TITLE VP ☐ Delete
NAME BROWN, THOMAS
STREET ADDRESS 745 NE 200 AVE
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME TYRE, RALPH
STREET ADDRESS PO BOX 235
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE Director ☐ Change ☒ Addition
NAME Robertin, Fred
STREET ADDRESS 93 SE 908 Avenue
CITY-ST-ZIP Suwannee FL 32692

TITLE D ☒ Delete
NAME OSTEEN, ANNIE L
STREET ADDRESS 11581 SE 351 HIGHWAY
CITY-ST-ZIP HORSESHOE BEACH, FL 32648

TITLE ☐ Change ☐ Addition
NAME Palmer, Beth Ann
STREET ADDRESS 54 SW 173rd St
CITY-ST-ZIP Cross City, FL 32628

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:

Carol Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne G. Hodges
Treasurer

2-15-08
Date

3524987067
Daytime Phone #