

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002224

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: DIXIE COUNTY HISTORICAL SOCIETY, INC.

## Current Principal Place of Business:

OLD OLD TOWN SCHOOL  
761 SE 349 HIGHWAY  
OLD TOWN, FL 32680 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 928  
CROSS CITY, FL 32628

## New Mailing Address:

FEI Number: 59-3250064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHEWNING, CINDY  
Address: 9927 NE HWY 349  
City-St-Zip: OLD TOWN, FL 32680

Title: TD ( ) Delete  
Name: HODGES, ANNE G  
Address: 85 NE 126TH STREE  
City-St-Zip: CROSS CITY, FL 32628

Title: SD ( ) Delete  
Name: JOHNSON, DANA  
Address: 32 SE 55 AVE  
City-St-Zip: CROSS CITY, FL 32628

Title: P ( ) Delete  
Name: BROWN, THOMAS  
Address: 745 NE 200 AVE  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: KOBERLEIN, FRED  
Address: 93 SE 908 AVENUE  
City-St-Zip: SUWANNEE, FL 32692

Title: D ( ) Delete  
Name: OSTEEN, ANNIE L  
Address: 11581 SE 351 HIGHWAY  
City-St-Zip: HORSESHOE BEACH, FL 32648

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BROWNE, THOMAS  
Address: 745 NE 200 AVE  
City-St-Zip: OLD TOWN, FL 32680

Title: D (X) Change ( ) Addition  
Name: PALMER, BETH ANN  
Address: 54 SE 173RD ST  
City-St-Zip: CROSS CITY, FL 32628

Title: D (X) Change ( ) Addition  
Name: MIKELL, FERRELL  
Address: 4713 S STATE ROAD 349  
City-St-Zip: BRANFORD, FL 32008

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE G HODGES

TREA

02/02/2009

Electronic Signature of Signing Officer or Director

Date