

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2009
Secretary of State**

DOCUMENT# N94000002224

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

Electronic Signature of Signing Officer or Director

TREA

02/02/2009

Date