

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002224

FILED  
Jan 05, 2012  
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:**

761 SE 349 HWY  
OLD TOWN, FL 32680 US

**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: VD  
Name: JOHNSON, NINA  
Address: 601 NE 214 AVENUE  
City-St-Zip: CROSS CITY, FL 32628

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

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

Title: PD  
Name: RAGSDALE, SHERRY  
Address: 396 SE HWY 317  
City-St-Zip: OLD TOWN, FL 32680

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

Title: D  
Name: MIKELL, BETTY  
Address: 4713 S STATE ROAD 349  
City-St-Zip: BRANFORD, FL 32008

I hereby 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 all other like empowered.

SIGNATURE: ANNE G HODGES

TRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date