

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 001 \*\*\*\*61.25

**DOCUMENT # N99000000979**

1. Entity Name  
**DIXIE EDUCATION FOUNDATION, INC.**



Principal Place of Business  
**PO BOX 2655  
CROSS CITY, FL 32628**

Mailing Address  
**PO BOX 2655  
CROSS CITY, FL 32628**

40001000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3487726**

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

**LANDER, JOSEPH T  
109 BARBER AVE.  
CROSS CITY, FL 32628-2007**

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, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WEST, CAROL M  
PO BOX 332  
SUWANNEE, FL 32692** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BELLOT, ARTHUR  
BOX 2009  
CROSS CITY, FL 32628** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CHERRY, JOHN  
BOX 231  
HORSESHOE BEACH, FL 32648** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
NAYLOR, BARBARA  
PO BOX 157  
CROSS CITY, FL 32628** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Board Member/Director**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KNIGHT, MAUREEN  
PO BOX 55  
HORSESHOE BEACH, FL 32648** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**Doreen Lamb, Secretary  
11938 SE 349 Highway  
Old Town, FL32680**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCINNIS, KATHRYN  
PO BOX 1180  
CROSS CITY, FL 32628** ☐ Delete

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

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

1/4/07

352 498 5572

Date

Daytime Phone #