
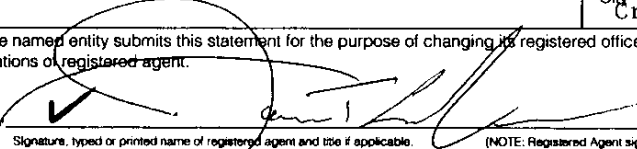
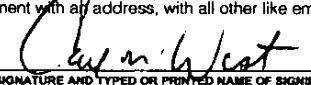


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90026 017 \*\*\*\*61.25

<b>DOCUMENT # N99000000979</b> 1. Entity Name <b>DIXIE EDUCATION FOUNDATION, INC.</b>					
Principal Place of Business <b>PO BOX 2655 CROSS CITY, FL 32628</b>			Mailing Address <b>PO BOX 2655 CROSS CITY, FL 32628</b>		
2. Principal Place of Business - No P.O. Box # <b>16408 SE 19 Hwy</b>		3. Mailing Address <b>P O Box 2655</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Cross City, FL 32628</b>		City & State <b>Cross City, FL 32628</b>		4. FEI Number <b>59-3487726</b>	
Zip <b>Dixie</b>		Zip <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANDER, JOSEPH T 109 BARBER AVE. CROSS CITY, FL 32628-2007</b>			7. Name and Address of New Registered Agent Name <b>Anne Hodges, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>(P O Box 1409 for mail)</b> City <b>Cross City</b> <b>FL</b> Zip Code <b>32628</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/14/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WEST, CAROL M PO BOX 332 SUWANNEE, FL 32692</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELL, ARTHUR BOX 2009 CROSS CITY, FL 32628</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHERRY, JOHN BOX 231 HORSESHOE BEACH, FL 32648</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NAYLOR, BARBARA PO BOX 157 CROSS CITY, FL 32628</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAMB, DOREEN 11938 SE 349 HWY OLD TOWN, FL 32680</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCINNIS, KATHRYN PO BOX 1180 CROSS CITY, FL 32628</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kathryn McInnis P.O. Box 74 Old Town, FL 32680</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kay Harden P.O. Box 839 Cross City, FL 32628</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary Poore P.O. Box 1877 Cross City, FL 32628</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary Poore P.O. Box 1877 Cross City, FL 32628</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary Poore P.O. Box 1877 Cross City, FL 32628</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Carol M. West, Treasurer</b> <b>1/14/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					