

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000979

FILED
Jan 05, 2009
Secretary of State

Entity Name: DIXIE EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

16408 SE 19 HWY
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 2655
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-3487726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, ANNE CPA
PO BOX 1409
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

HODGES, ANNE CPA
85 NE 126TH STREET
CROSS CITY, FL 32628 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WEST, CAROL M
Address: PO BOX 332
City-St-Zip: SUWANNEE, FL 32692

Title: P () Delete
Name: MCINNIS, KATHRYN
Address: P.O. BOX 74
City-St-Zip: OLD TOWN, FL 32680

Title: VP () Delete
Name: HARDEN, KAY
Address: P.O. BOX 839
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: POORE, GARY
Address: P.O. BOX 1877
City-St-Zip: CROSS CITY, FL 32628

Title: S () Delete
Name: LAMB, DOREEN
Address: 11938 SE 349 HWY
City-St-Zip: OLD TOWN, FL 32680

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

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

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: CAROL M WEST

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date