

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751106

Entity Name: DIXIE HUNTING CLUB, INC.

Current Principal Place of Business:

1032 NE 444TH STREET
OLD TOWN, FL 32680

Current Mailing Address:

P.O. BOX 1866, N/A
CROSS CITY, FL 32628 US

FEI Number: 59-2110209

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KIGHT, MARY O
1032 NE 444TH ST
OLD TOWN, FL 32680 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FOWLER, SHANE
Address 567 NE 474 AVENUE
City-State-Zip: OLD TOWN FL 32680

Title TREASURER, DIRECTOR
Name MARKHAM, HOUSTON
Address 7859 NE HWY 351
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name CARTER, JASON
Address 120 SE 29 AVENUE
City-State-Zip: CROSS CITY FL 32628

Title DIRECTOR
Name WIMBERLY, TIMOTHY
Address 715 NE 807 AVENUE
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name WIMBERLY, KENNETH
Address 801 NE 878 AVENUE
City-State-Zip: OLD TOWN FL 32680

Title VP, DIRECTOR
Name JEFFRIES, KEITH
Address 539 NE 474 AVENUE
City-State-Zip: OLD TOWN FL 32680

Title SECRETARY, DIRECTOR
Name KIGHT, DALE
Address PO BOX 1521
City-State-Zip: CROSS CITY FL 32628

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: SHANE FOWLER

PRESIDENT

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date