

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001807

1. Entity Name

DAFMIC, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90062 005 ****61.25

Principal Place of Business

COPELAND STREET
 OLDTOWN FL 32680

Mailing Address

POST OFFICE BOX 1913
 OLD TOWN FL 32680

2. Principal Place of Business

Dixie County High School
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2251
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cross City FL
 Zip 32628 Country USA

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Cross City FL
 Zip 32628 Country USA

4. FEI Number

59-3491392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, VICKIE
 P. O. BOX 1913
 COPELAND ST
 OLD TOWN FL 32680

7. Name and Address of New Registered Agent

Name: Sandy Borcheller
 Street Address (P.O. Box Number is Not Acceptable): 975 Cottrell Ave PO Box 1936
 PO Box 1936
 City: Cross City FL Zip Code: 32628

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.

SIGNATURE: Sandy Borcheller, Treasurer DATE: 21 Aug 00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MAXGAY, RUTH	
STREET ADDRESS	HC4 BOX 356	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, VICKIE	
STREET ADDRESS	HC 3 BOX 552	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, JANE	
STREET ADDRESS	HC2 BOX 101	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	BDT	<input type="checkbox"/> Delete
NAME	AVERILL, RICHARD D	
STREET ADDRESS	P.O. BOX 1109 AIRPORT RD	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	SOT	<input checked="" type="checkbox"/> Delete
NAME	TALANON, DOLORES	
STREET ADDRESS	P. O. BOX 1865 CARTER ST	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BREWER, LISA	
STREET ADDRESS	P.O. BOX 1403 LITTLE AL RD	
CITY-ST-ZIP	OLD TOWN FL 32680	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willmonteen R. Smith	
STREET ADDRESS	PO Box 638	
CITY-ST-ZIP	Cross City, FL 32628	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vera Ankrum	
STREET ADDRESS	PO Box 2525	
CITY-ST-ZIP	Cross City, FL 32628	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Kohn	
STREET ADDRESS	HC4 Box 173	
CITY-ST-ZIP	Old Town, FL 32680	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Borcheller	
STREET ADDRESS	PO Box 1936	
CITY-ST-ZIP	Cross City FL 32628	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandy Borcheller, Treasurer DATE: 21 Aug 00 352-498-5293
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (5/00)