

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90223 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                     |                                                                           |                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N05000004763</b><br>1. Entity Name<br><b>CONFEDERATE SONS ASSOCIATION OF FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                     |                                                                           |                                                                 |  |
| Principal Place of Business<br><b>2222 W UNIVERSITY AVE<br/>GAINESVILLE, FL 32603</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                     | Mailing Address<br><b>2222 W UNIVERSITY AVE<br/>GAINESVILLE, FL 32603</b> |                                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 3. Mailing Address                                                                  |                                                                           |                                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Suite, Apt. #, etc.                                                                 |                                                                           |                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | City & State                                                                        |                                                                           |                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                   | Zip                                                                                 | Country                                                                   |                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                     |                                                                           | 7. Name and Address of New Registered Agent                                                                                                      |  |
| BROWN, MICHAEL E SR.<br>15215 NW 58TH AVENUE<br>ALACHUA, FL 32615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                     |                                                                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                     |                                                                           |                                                                                                                                                  |  |
| Filing Fee Is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                           | \$5.00 May Be<br>Added to Fees                                                                                                                   |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                     |                                                                           |                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>BURCH, ERNEST W JR<br>2222 W UNIVERSITY AVE<br>GAINESVILLE, FL 32603 <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>MAY, MICHAEL L<br>1203 DANCY ST<br>JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ST<br>BROWN, MICHAEL E SR<br>15215 NW 158 AVE<br>ALACHUA, FL 32615 <input type="checkbox"/> Delete        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>WHITE, PHILLIP P<br>3411 TIDE DR<br>PENSACOLA, FL 32205 <input checked="" type="checkbox"/> Delete   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | D<br>ROBERT T. JONES<br>1829 CONFEDERATE WAY<br>WESTVILLE, FL 32464 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ROBERTSON, JAMES C<br>3235 NW 31 ST<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete         |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>701 E. HIGH STREET - #308<br>CHARLOTTESVILLE, VA 22902           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ROBERTSON, PRESTON T<br>14241 BUCKHORN RD<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <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: <u>Michael E Brown</u> MICHAEL E BROWN 4/22/06 352-393-1466                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                     |                                                                           |                                                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                     |                                                                           |                                                                                                                                                  |  |