

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004763

FILED
Apr 30, 2008
Secretary of State

Entity Name: CONFEDERATE SONS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

2222 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

15215 N.W. 58TH AVENUE
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 20-3784875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL E SR.
15215 NW 58TH AVENUE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURCH, ERNEST W JR
Address: 2222 W UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: V () Delete
Name: MORGAN, JAMES M
Address: 1335 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST () Delete
Name: BROWN, MICHAEL E SR
Address: 15215 N.W. 58TH AVENUE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: JONES, ROBERT T
Address: 1829 CONFEDERATE WAY
City-St-Zip: WESTVILLE, FL 32464

Title: D () Delete
Name: ROBERTSON, JAMES C
Address: P.O. BOX 147
City-St-Zip: RANSON, WV 25438

Title: D (X) Delete
Name: ROBERTSON, PRESTON T
Address: 14241 BUCKHORN ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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:

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: MICHAEL E. BROWN

ST

04/30/2008

Electronic Signature of Signing Officer or Director

Date