

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004528

FILED
Jan 11, 2004
Secretary of State

Entity Name: SOUTHERN STATES CORRECTIONAL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4176
BRANDON, MS 39047

New Principal Place of Business:

Current Mailing Address:

2126 HOOF PRINT LANE
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 61-0899035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERLEY, KERMIT W
2126 HOOF PRINT LANE
LAKELAND, FL 33811 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: SMITH, STEPHEN T
Address: 2500 SEVENTH STREET ROAD
City-St-Zip: LOUISVILLE, KY 40208

Title: P () Delete
Name: KERLEY, KERMIT W
Address: 2126 HOOF PRINT LANE
City-St-Zip: LAKELAND, FL 33811

Title: S () Delete
Name: WEBRE, JOHN
Address: 745 MICHIGAN AVE
City-St-Zip: PORT ALLEN, LA 70767

Title: T () Delete
Name: STACK, MIKE
Address: 215 TRINITY STREET
City-St-Zip: WEATHERFORD, TX 76086

Title: V () Delete
Name: ROSS, ALVIN
Address: 7 INDUSTRIAL BLVD.
City-St-Zip: INDUSTRIAL, WV 26375

Title: V () Delete
Name: BURNETT, MICHAEL
Address: 223 NORTH MAIN STREET
City-St-Zip: VERSAILLES, KY 40383

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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 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: KERMIT W. KERLEY

P

01/11/2004

Electronic Signature of Signing Officer or Director

Date