

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003830

FILED
Jan 13, 2009
Secretary of State

Entity Name: THREE SERVICEMEN STATUE SOUTH, INC.

Current Principal Place of Business:

1000 BAY CITY RD
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 68
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 59-3723250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURENTO, MARK C
34 FORBES ST
STE 1
APALACHICOLA, FL 32320 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: DP () Delete
Name: MOSCONIS, JIMMY
Address: 1000 BAY CITY RD
City-St-Zip: APALACHICOLA, FL 32320

Title: DST () Delete
Name: CURENTO, MARK C
Address: 34 FORBES ST STE 1
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: SPOHRER, HELEN T
Address: 123 GULF BEACH DR. WEST
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: D () Delete
Name: MIRABELLA, AL
Address: 64 AVE D
City-St-Zip: APALACHICOLA, FL 32320

Title: DV () Delete
Name: BLAIR, CURT
Address: 184 AVENUE D
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: ELLIOT, JAMES L
Address: 29 22ND STREET
City-St-Zip: APALACHICOLA, FL 32320

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: MARK C. CURENTO

S

01/13/2009

Electronic Signature of Signing Officer or Director

Date