

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003830

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC2406763423**

**Entity Name:** THREE SERVICEMEN STATUE SOUTH, INC.

**Current Principal Place of Business:**

1000 BAY CITY RD  
APALACHICOLA, FL 32320

**Current Mailing Address:**

PO BOX 172  
APALACHICOLA, FL 32329

**FEI Number: 59-3723250**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MOSCONIS, JIMMY G  
1000 BAY CITY ROAD  
APALACHICOLA, FL 32320 US

*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

**Officer/Director Detail :**

Title DP  
Name MOSCONIS, JIMMY  
Address 1000 BAY CITY RD  
City-State-Zip: APALACHICOLA FL 32320

Title DST  
Name CURENTON, MARK C  
Address 34 FORBES ST STE 1  
City-State-Zip: APALACHICOLA FL 32320

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

Title D  
Name MIRABELLA, AL  
Address 64 AVE D  
City-State-Zip: APALACHICOLA FL 32320

Title DV  
Name BLAIR, CURT  
Address 184 AVENUE D  
City-State-Zip: APALACHICOLA FL 32320

Title D  
Name ELLIOT, JAMES L  
Address 29 22ND STREET  
City-State-Zip: APALACHICOLA FL 32320

*I hereby 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 all other like empowered.*

**SIGNATURE: JIMMY G MOSCONIS**

**PRESIDENT**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date