

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003830

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

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

Title DIRECTOR
Name BLAYLOCK, DEWEY
Address 7750 ROBINWOOD DR.
City-State-Zip: PORT SAINT JOE FL 32456-4242

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

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

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

Title DIRECTOR
Name DUREN, GEORGE
Address 100 DUPONT DR.
City-State-Zip: PORT SAINT JOE FL 32456-2362

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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****01/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NORTON, JIM
Address	103 SAINT JOSEPH DRIVE
City-State-Zip:	PORT SAINT JOE FL 32456-2329