

**2017 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

**Continues on page 2**

*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****01/08/2017**

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