

2016 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	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

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****01/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date