## SIGNATURE: JOSEPH M. DAY

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

# DOCUMENT# F12000003979

Entity Name: SOUTHERN MARKETING AGENCY, INC.

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

325 WEST MAIN STREET, SUITE 1812 LOUISVILLE, KY 40202-4251

#### **Current Mailing Address:**

325 WEST MAIN STREET, SUITE 1812 LOUISVILLE, KY 40202-4251

#### FEI Number: 42-1534789

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SIGNATURE:

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.

### Electronic Signature of Registered Agent

Officer/Dire	ctor Detail :		
Title	ASST. SECRETARY, ASST.	Title	PRESIDENT, DIRECTOR
Name	TREASURER SIMS, JEFFREY F	Name	MYERS, DWAYNE
Address	13011 WEST HIGHWAY 42, SUITE 206	Address	105 WESTOVER DRIVE
Address	13011 WEST HIGHWAT 42, SUITE 200	City-State-Zip:	ELKIN NC 28621
City-State-Zip:	PROSPECT KY 40059	Title	SECRETARY, TREASURER, DIRECTOR
Title	VP, DIRECTOR	Name	STRAIN, RICK
Name	PARSLEY, JOE	Address	3175 ROSE BUD ROAD
Address	ROUTE 3, BOX 915	City-State-Zip:	
City-State-Zip:	TROUP TX 75789		
Title	ASST. TREASURER	Title	ASST. TREASURER
		Name	FABIAN, SONIA
Name		Address	1211 STATE HIGHWAY 16
Address	1531 SE 36TH AVE. SUITE D	City-State-Zip:	WINDHORST TX 76389
City-State-Zip:	OCALA FL 34471	Title	DIRECTOR
Title	DIRECTOR	Name	SMITH, SAM
Name	FREEMAN, MARK	Address	2220 CHARLIE THOMAS RD
Address	6591 HWY MM	City-State-Zip:	CORMERSVILLE TN 37047
City-State-Zip:	CABOOL MO 65689	Continues o	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

## FILED Apr 29, 2014 Secretary of State CC6130226257

Date

Certificate of Status Desired: Yes

**GENERAL COUNSEL** 

04/29/2014 Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SATTERWHITE, KEVIN
Address	8720 BUSH RIVER ROAD
City-State-Zip:	NEWBERRY SC 29108
Title	DIRECTOR
Name	FERGUSON, MICHAEL
Address	2707 COUNTY CLUB ROAD
City-State-Zip:	SENATOBIA MS 38668
Title	DIRECTOR
Name	HAGEMAN, BRUCE
Address	90 FORT WADE ROAD SUITE 175
City-State-Zip:	PONTE VEDRA FL 32081

Title	OTHER, GENERAL COUNSEL
Name	DAY, JOSEPH M
Address	325 WEST MAIN STREET SUITE 1812
City-State-Zip:	LOUISVILLE KY 40202
Title	DIRECTOR
	2
Name	ROWE, FRED
Name Address	ROWE, FRED 362 NORMAN GRANT ROAD