

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003984

**FILED**  
**Feb 13, 2018**  
**Secretary of State**  
**CC0835276187**

**Entity Name:** SOUTHERN CONSUMERS ALLIANCE, INC.

**Current Principal Place of Business:**

16476 WILD HORSE CREEK ROAD  
CHESTERFIELD, MO 63017

**Current Mailing Address:**

16476 WILD HORSE CREEK ROAD  
CHESTERFIELD, MO 63017

**FEI Number:** 43-1651645

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DVP  
Name PETERSON, GREG  
Address 30049 D'OLIVE RIDGE  
City-State-Zip: DAPHNE AL 36609

Title DP  
Name DOHACK, DICK  
Address 11790 LAKESHIRE CT  
City-State-Zip: FORT MYERS FL 33913

Title DST  
Name PATTISON, SUZANNE  
Address 3501 E TERE STREET  
City-State-Zip: PHOENIX AZ 85044

Title D  
Name MARSHALL, JOHN  
Address 2026 IMPERIAL GOLF COURSE BLVD  
City-State-Zip: NAPLES FL 34110

*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:** DICK DOHACK

**PRESIDENT**

**02/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date