# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2005**
**Secretary of State**

DOCUMENT# 746152

**Entity Name:** KIRBY-SMITH CAMP NUMBER 1209, SONS OF CONFEDERATE VETERANS, INC.

**Current Principal Place of Business:**

C/O MICHAEL W. FISHER
ONE INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL W. FISHER
ONE INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number: 59-2440808** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FISHER, MICHAEL W
ONE INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202 US

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

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | C | ( ) Delete |
| Name: | MAY, MIKE | |
| Address: | 1443 BELVEDERE AVENUE | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | D | ( ) Delete |
| Name: | CLARK, JOE SR | |
| Address: | 4919 PRINCE EDWARD RD | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | T | ( ) Delete |
| Name: | BREWSTER, C E | |
| Address: | 2970 ST. JOHNS AVE 8-C | |
| City-St-Zip: | JACKSONVILLE, FL 32205 | |
| Title: | D | ( ) Delete |
| Name: | MORGAN, HARRIS | |
| Address: | 909 ARLINGTON AVENUE | |
| City-St-Zip: | JACKSONVILLE, FL 32211 | |
| Title: | D | ( ) Delete |
| Name: | BULLARD, RAY | |
| Address: | 4705 WADHAM LANE | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | D | ( ) Delete |
| Name: | FISHER, MICHAEL W | |
| Address: | ONE INDEPENDENT DR., 2600 | |
| City-St-Zip: | JACKSONVILLE, FL 32202 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL W. FISHER D 04/18/2005
Electronic Signature of Signing Officer or Director — Date