2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 746152

Entity Name: KIRBY-SMITH CAMP, SONS OF THE CONFEDERACY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O MICHAEL W. FISHER
818 A1A NORTH, SUITE 104
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

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

New Mailing Address:

C/O MICHAEL W. FISHER
818 NORTH A1A, SUITE 104
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3040804 **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:

FISHER, TOUSEY, LEAS & BALL, P.A.
818 NORTH A1A
SUITE 104
PONTE VEDRA BEACH, FL 32082 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: BEVERLY H. FURTICK 04/25/2007
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: WISNER, JERRY
Address: 1767 MAYVIEW ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: SCOTT, RANDY
Address: 8453 LYNDA SUE LANE W
City-St-Zip: JACKSONVILLE, FL 32217

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 exemption stated in Chapter 119, 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: MIKE MAY C 04/25/2007
Electronic Signature of Signing Officer or Director Date