2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746152

FILED Apr 27, 2009 Secretary of State

Entity Name: SONS OF THE CONFEDERACY, INC.

	Principal Place of	Business:	New Principal Place	e of Business:	
501 RIVE	HAEL W. FISHER RSIDE AVENUE, S NVILLE, FL 32202				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
501 RIVE	HAEL W. FISHER RSIDE AVENUE, S NVILLE, FL 32202				
FEI Numbe	r: 59-3040804 F	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:	
318 NORT SUITE 10					
	e named entity sub te of Florida.	mits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU	JRE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Γitle: Name: Address:	T () De MAY, MIKE 1443 BELVEDERE JACKSONVILLE, F	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:					
City-St-Zip: Fitle: Name: Address: City-St-Zip:	D () De CLARK, JOE JR 4919 PRINCE EDW JACKSONVILLE, F	VARD RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	CLARK, JOE JR 4919 PRINCE EDV	VARD RD L 32210 elete DAD	Name: Address:	() Change () Addition () Change () Addition	
Fitle: Name: Address:	CLARK, JOE JR 4919 PRINCE EDW JACKSONVILLE, F D () De WISNER, JERRY 1767 MAYVIEW RO	VARD RD 'L 32210 elete DAD 'L 32210 elete LANE W	Name: Address: City-St-Zip: Title: Name: Address:		
Title: lame: lame: city-St-Zip: Title: lame: lame: lame: lame: lame: lame: lame: lame: lame:	CLARK, JOE JR 4919 PRINCE EDW JACKSONVILLE, F D () De WISNER, JERRY 1767 MAYVIEW RO JACKSONVILLE, F P () De SCOTT, RANDY 8453 LYNDA SUE I	VARD RD "L 32210 elete OAD "L 32210 elete LANE W L 32217 elete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

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: MICHAEL W. FISHER D 04/27/2009