

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002555

FILED
Mar 16, 2005
Secretary of State

Entity Name: SOUTHERN UNION REVOLVING FUND, INC.

Current Principal Place of Business:

3978 MEMORIAL DRIVE
DECATUR, GA 30032

New Principal Place of Business:

Current Mailing Address:

PO BOX 849
DECATUR, GA 30031

New Mailing Address:

FEI Number: 62-1790188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REYNOLDS, RANDEE R
655 NORTH WYMORE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MCMILLAN, FRANK
655 NO. WYMORE RD
WINTER PARK, FL 32789 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: FRANK MCMILLAN

03/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: RETZER, GORDON
Address: 250 ASHLEY FOREST DRIVE
City-St-Zip: FAYETTEVILLE, GA 30214

Title: VD () Delete
Name: CENTER, RICHARD
Address: 519 SAFARI CIRCLE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: SD () Delete
Name: SUMPTER, WARD
Address: 1904 CARIBEA TRAIL S.E.
City-St-Zip: ATLANTA, GA 30316

Title: TD () Delete
Name: CASKEY, JAMES S
Address: 1918 STONEWOOD DRIVE
City-St-Zip: LITHIA SPRINGS, GA 30122

Title: ASD () Delete
Name: KAPUSTA, TOM
Address: 2100 MERRICK DRIVE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: D () Delete
Name: CONNELLY, BONNIE M
Address: 225 SNAIL TRAIL
City-St-Zip: VANCE, SC 29163

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: J S CASKEY

TD

03/16/2005

Electronic Signature of Signing Officer or Director

Date