

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002555

FILED  
Mar 28, 2006  
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 ( )**

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

MCMILLAN, FRANK  
655 NO. WYMORE RD  
WINTER PARK, FL 32789 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: 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: VD (X) Change ( ) Addition  
Name: EVANS, G. TOM  
Address: 670 WALNUT CREEK DRIVE NW  
City-St-Zip: LILBURN, GA 300476088

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

Title: TD (X) Change ( ) Addition  
Name: CASKEY, JAMES S  
Address: 1803 CHICKASAW DR  
City-St-Zip: COLUMBUS, MS 397051432

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 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: JAMES S. CASKEY

TD

03/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date