

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002555

FILED
Mar 31, 2009
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: ROBINSON, RANDY
Address: 5015 RIVERTHUR PLACE
City-St-Zip: DULUTH, GA 30096

Title: SD () Delete
Name: SMITH, RON
Address: 4854 LAMPSIDE TERRACE
City-St-Zip: LITHONIA, GA 30038

Title: TD () Delete
Name: SALAZAR, CARLOS C
Address: 214 MARK AVENUE
City-St-Zip: MARIETTA, GA 30066

Title: ASD () Delete
Name: LEGRAND, JOSE
Address: 557 APOLLO AVENUE
City-St-Zip: BELTONE, FL 32725

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:

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City-St-Zip:

Title: () Change () Addition
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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: CARLOS C SALAZAR

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date