

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002555

FILED  
Feb 15, 2010  
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  
Name: RETZER, GORDON  
Address: 250 ASHLEY FOREST DRIVE  
City-St-Zip: FAYETTEVILLE, GA 30214

Title: VD  
Name: ROBINSON, RANDY  
Address: 5015 RIVERTHUR PLACE  
City-St-Zip: DULUTH, GA 30096

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

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

Title: ASD  
Name: LEGRAND, JOSE  
Address: 557 APOLLO AVENUE  
City-St-Zip: BELTONA, FL 32725

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

I hereby 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 all other like empowered.

SIGNATURE: CARLOS C. SALAZAR

TD

02/15/2010

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

\_\_\_\_\_  
Date