

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 028 ****61.25

DOCUMENT # N03000000665

1. Entity Name
SOUTHERN BLACKSMITH ASSOCIATION, INC.



Principal Place of Business
**5079 SUNDANCE LANE
TALLAHASSEE, FL 32309**

Mailing Address
**5079 SUNDANCE LANE
TALLAHASSEE, FL 32309**

DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
33-1045773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRAPER, PATTY
5079 SUNDANCE LANE
TALLAHASSEE, FL 32309**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
GARRETT, JIM
5653 FORKWOOD TRACE
ACWORTH, GA 30101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCS
ROBERTSON, BILL
5079 SUNDANE LANE
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~DATE, WILLIAM J JR~~
~~1611 OAKLEY ROAD~~
~~CASTLE HAYNE, NC 28420~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C. Ronald Levison
3804 Hallsport Lane
Kennesaw, GA 30152**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Robertson, Jr

3-28-05

850-668-2876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #