

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03062006 Chg-NP CR2E037 (11/05)

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE C Change Addition
NAME JOHN BUTLER
STREET ADDRESS 777 TYRE ROAD
CITY-ST-ZIP HAVANA, FL 32333

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

TITLE VCS Change Addition
NAME GARLAND D. JOHNSON
STREET ADDRESS 3011 S. MORGAN CIRCLE
CITY-ST-ZIP HUNTSVILLE, AL 35805

TITLE T Delete
NAME LEVISON, RONALD C
STREET ADDRESS 3804 HELISPORT LANE
CITY-ST-ZIP KENNESAW, GA 30152

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Butler 03-07-06 850-445-1476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #