## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N03000003864

1. Entity Name STEPHEN R. MALLORY CAMP 1315 SONS OF



**FILED** 

Mar 01, 2004 8:00 am Secretary of State

03-01-2004 90043 024 \*\*\*\*70.00

CONFEDERATE VETERANS, INC.										
Principal Place of Business 1512 JOHN CARROLL ROAD PENSACOLA, FL 32504		Mailing Address 1512 JOHN CARROLL ROAD PENSACOLA, FL 32504								
2 Principal P	Place of Business	3. Mailing	Addrose							
Z. FIRICIPALE	Tage of Dusifiess	3. Walling	Address				IIII BUIH RAHI RAHI BENI B	Ninu iitai fasin aliiti fia	HUMA <b>KA LAM</b> E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02082004 Ch	g-NP CR	2E037 (10/03)		
City & State		City & State				4. FEI Number 5	9989	<del></del>	plied For t Applicable	
Zip	Country		ip Count		ntry	5. Certificate of Sta		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered A	gent			7. Name and Addr	ess of New Registe	red Agent		
ROBISON, WALLACE WADE					Name					
5269 WESTWIND CIRCLE PENSACOLA, FL 32526					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 obligat	tions of registered agent.									
OLOMATUDE.										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicat	ole. (NOTE	Registered	d Agent signature require	ed when reinstating)	0.	ATE		
	Filing Fee Is \$61,25		9. Election Cam	painn F	inancino	\$5.00 May Be	Make c	heck payable to		
,				ontributi		Added to Fees		epartment of St		
10.	OFFICERS AND DI	RECTORS .		11.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	10	
TITLE	PD		☐ Delete	TITLE	<b>I</b>			Change	☐ Addition	
NAME STREET ADDRESS	OVERMAN, WILLIAM J 1512 JOHN CARROLL ROAD			NAMI STRE	ET ADDRESS				ļ	
CITY-ST-ZIP	PENSACOLA, FL 32504				-ST-ZIP					
TITLE '	VD		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	HALL, HUGH B JR.			. NAME	i i					
STREET ADDRESS CITY-ST-ZIP	3720 TIGER POINT BLVD. GULF BREEZE, FL 32563				ET ADDRESS -ST-ZIP					
TITLE	VD		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	DE BROUX, JAMES E		- Délete	NAMI					[] / Notified	
STREET ADDRESS	512 ORBY STREET			ŞTRE	ET ADDRESS	175	•-			
CITY-ST-ZIP	PENSACOLA, FL 32534		· <u></u>	CITY	-ST-ZIP		·			
TITLE NAME	SD BARNES, G.E. (WOODY)		☐ Delete	TITLE	l			Change	☐ Addition	
STREET ADDRESS	953 GRAND CANAL STREET				ET ADDRESS					
C/TY-ST-ZIP	GULF BREEZE, FL 32563			CITY-	-ST-ZIP					
TITLE	TD		☐ Delete	TITLE	1			Change	☐ Addition	
NAME CONCET LODGEGO	ROBISON, WALLACE WADE			NAME	l					
STREET ADDRESS CITY-ST-ZIP	5269 WESTWIND CIRCLE PENSACOLA, FL 32526				ET ADDRESS - ST-ZIP		•		ļ	
TITLE	D		☐ Delete	TITLE		<del></del>	-	☐ Change	Addition	
NAME	DAVIS, MARK DR.		**	NAM!	E .			•	į	
STREET ADDRESS	2931 ANGUS COURT				ET ADDRESS					
CITY-ST-ZIP MOLINO, FL 32577  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fk								- nadih ( ) - L - L - L	da em atica	
rz. inereby o	certily that the information supplied with	i inis iiing do	es not quality for	ure exer	npaon stated in S	ection 119.07(3)(1), Flor	iua Statutės. I turthė	R certily that the if	HUTTHALION	

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.

G OFFICER OR DIRECTOR