

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90077 047 \*\*\*\*61.25

**DOCUMENT # N03000003864**

1. Entity Name  
**STEPHEN R. MALLORY CAMP 1315 SONS OF  
CONFEDERATE VETERANS, INC.**



Principal Place of Business  
**7278 HARRISON AVENUE  
GULF BREEZE, FL 32563**

Mailing Address  
**P.O. BOX 15186  
PENSACOLA, FL 32514**

40003228



2. Principal Place of Business - No P.O. Box #  
**3010 CORAL STRIP PKWY**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01132007 Chg-NP CR2E037 (12/06)

City & State  
**GULF BREEZE, FLORIDA**

City & State

4. FEI Number  
**61-1459989**

Applied For  
Not Applicable

Zip  
**32563**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**DANIEL, KENNETH V  
1278 HARRISON AVENUE  
GULF BREEZE, FL 32563**

**7. Name and Address of New Registered Agent**

Name **DANIEL, KENNETH U.**

Street Address (P.O. Box Number is Not Acceptable)  
**3010 CORAL STRIP PKWY**

City **GULF BREEZE**

**FL**

Zip Code  
**32563**

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

*Kenneth U. Daniel*

**KENNETH U. DANIEL, PRESIDENT**

**1-16-07**

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, 2007**

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**

TITLE **PD** ☐ Delete  
NAME **DANIEL, KENNETH V**  
STREET ADDRESS **1278 HARRISON AVENUE**  
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Delete  
NAME **BARNESTO, GROVER E**  
STREET ADDRESS **953 GRAND CANAL STREET**  
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **TD** ☒ Delete  
NAME **CODY, DAVID**  
STREET ADDRESS **5736 QUINTELLE RD**  
CITY-ST-ZIP **MILTON, FL 32571**

TITLE **D** ☐ Delete  
NAME **OVERMAN, WILLIAM J**  
STREET ADDRESS **1512 JOHN CARROLL RD**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☒ Change ☐ Addition  
NAME **DANIEL, KENNETH U.**  
STREET ADDRESS **3010 CORAL STRIP PKWY**  
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **V** ☒ Change ☐ Addition  
NAME **BARNES, GROVER E.**  
STREET ADDRESS **953 GRAND CANAL ST.**  
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **S/T** ☐ Change ☒ Addition  
NAME **WEEKS, CHARLES R.**  
STREET ADDRESS **4855 MANOLETE ST.**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Kenneth U. Daniel* **KENNETH U. DANIEL, PRESIDENT** **1-16-07** **850** **916-1680**

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TITLE PD  
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1-16-07 916-1680 350