2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004
Secretary of State

DOCUMENT# N03000007495

Entity Name: INDIAN RIVER CAMP 2027, SONS OF CONFEDERATE VETERANS, INC.

Current Principal Place of Business:

3322 1ST. AVE.
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3322 1ST. AVE.
MIMS, FL 32754

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEEK, ROLLIN L
3322 1ST AVE.
MIMS, FL 32754 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: CNC ( ) Delete
Name: PEEK, ROLLIN L
Address: 3322 1ST. AVE.
City-St-Zip: MIMS, FL 32754

Title: P ( ) Delete
Name: HACKEL, DAVID H
Address: 6497 ALLEGHANY AV.
City-St-Zip: COCOA, FL 32927

Title: VP ( ) Delete
Name: MORGAN, JAMES M
Address: 1335 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S ( ) Delete
Name: MILLS, CLARENCE T
Address: 1231 GRAND CAYMEN DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete
Name: WHITE, TRACY A
Address: 5181 JAMAICA RD.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CNC (X) Change ( ) Addition
Name: MORGAN, JAMES M
Address: 1335 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ROWE, JAMES E
Address: 2570 WHITE OAK DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: PEEK, ROLLIN L
Address: 3322 1ST AVE.
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROLLIN L. PEEK T 06/15/2004
Electronic Signature of Signing Officer or Director — Date