

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002483

FILED  
May 23, 2008  
Secretary of State

**Entity Name:** UNITED SONS OF THE CONFEDERACY OF DIXIE COUNTY, FLA-DIXIE CAMP INC.

**Current Principal Place of Business:**

944 S.E. 601ST ST  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

944 S.E. 601ST ST  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 30-0302827      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MAY, ROBERT E  
944 S.E. 601ST ST  
OLD TOWN, FL 32680      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: D      ( ) Delete  
Name: MAY, ROBERT  
Address: 944 S.E. 601ST ST  
City-St-Zip: OLD TOWN, FL 32680

Title: D      ( ) Delete  
Name: TYRE, RALPH C  
Address: 944 S.E. 601ST ST  
City-St-Zip: OLD TOWN, FL 32680

Title: D      ( ) Delete  
Name: KELLEY, JOHN  
Address: 944 S.E. 601ST ST  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT E. MAY

RA

05/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date