

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

**FILED  
Jan 05, 2006  
Secretary of State**

DOCUMENT# N05000002973

Entity Name: FLORIDA SONS OF THE CONFEDERACY, INC.

**Current Principal Place of Business:**

1829 CONFEDERATE WAY  
WESTVILLE, FL 32464

**New Principal Place of Business:**

**Current Mailing Address:**

1829 CONFEDERATE WAY  
WESTVILLE, FL 32464

**New Mailing Address:**

FEI Number: 81-0677810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JONES, ROBERT L  
1829 CONFEDERATE WAY  
WESTVILLE, FL 32464      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: JONES, ROBERT L  
Address: 1829 CONFEDERATE WAY  
City-St-Zip: WESTVILLE, FL 32464

Title: D      ( ) Delete  
Name: TURNER, JOHN M  
Address: 3435 SYFRETT RD  
City-St-Zip: CHIPLEY, FL 32428

Title: D      ( ) Delete  
Name: WILLIAMS, JAMES T  
Address: P.O. BOX 1172  
City-St-Zip: BONIFAY, FL 32425

Title: D      (X) Delete  
Name: MORRIS, THOMAS M  
Address: 855 FALLING WATER RD  
City-St-Zip: CHIPLEY, FL 32428

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 L. JONES

D

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date