

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000049 (5)

1. Corporation Name

THE SONS AND DAUGHTERS OF THE SOUTH, INC.



Principal Place of Business

Mailing Address

PO BOX 306
CAMPBELLTON FL 32426-0306

PO BOX 306
CAMPBELLTON FL 32426-0306

3. Date Incorporated or Qualified
01/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5270 Avery Road

26 P.O. Box 306

4. FEI Number

59-329-7205

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Campbellton FL

28 Campbellton, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32426

25 U.S.A.

29 32426

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDS, RAYMOND D SR.
5270 AVERY ROAD
CAMPBELLTON FL 23426

81 Narr

82 Street Address, P.O. Box Number in Not Acceptable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Walter C. Franklin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BRITT, MARY	2440 NEW BETHEL ROAD	CAMPBELLTON FL 32426	<input type="checkbox"/>
D	DUDLEY, LUCILLE	1046 PATTERSON CIRCLE	GRACEVILLE FL 32440	<input checked="" type="checkbox"/>
D	PITTMAN, DAVID	4483 CHERRY COURT	COTTONDALE FL 32431	<input type="checkbox"/>
TD	WILSON, SYDELL	5237 CHRISTMAS ROAD	GRACEVILLE FL 32440	<input checked="" type="checkbox"/>
VD	FRANKLIN, WALTER C	5922 BROWN TOWN ROAD	GRACEVILLE FL 32440	<input checked="" type="checkbox"/>
P	OLDS, RAYMOND D SR.	5270 AVERY ROAD	CAMPBELLTON FL 32426	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VP	Franklin, Walter	5922 Brown Town Road	Graceville, FL 32440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	Franklin, Walter C	5922 Brown Town Road	Graceville, FL 32440	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	Burke, Linda M	1116 Sanders Avenue	Graceville, FL 32440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	Mitchell, Joseph R.	4325 Woodnest Road	Cottondale, FL 32431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
	Shutz, Gloria J.	1116 Sanders Avenue	Graceville, FL 32440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
		7000019227		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		-08/15/96--01005--030			
		***61.25			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond D. Olds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond D. Olds 7/3/96 (904) 263-0149
Date Daytime Phone #

CR2E037 (3/96)