2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N97000005561

Entity Name: SONS OF CONFEDERATE VETERANS, FLORIDA DIVISION, INC.

Current Principal Place of Business:

2433 ROWLAND CT
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

2433 ROWLAND CT
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-1832447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, ROBERT R
2433 ROWLAND CT
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:	P	( ) Delete
Name:	DAWSON, DOUGLAS D	
Address:	2421 LE RUTH DR	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	S	( ) Delete
Name:	ADAMS, JOHN W	
Address:	303 WISTERIA CT	
City-St-Zip:	DELTONA, FL 32738	
Title:	T	( ) Delete
Name:	MURRAY, ROBERT R	
Address:	2433 ROWLAND CT	
City-St-Zip:	MIMS, FL 32754	
Title:	V	( ) Delete
Name:	HURST, ROBERT P	
Address:	1502 KESSEL DR	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	V	( ) Delete
Name:	DAVIS, JAMES S	
Address:	160 LAGUNA CT	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	V	( ) Delete
Name:	GREEN, EARL JR	
Address:	4685 NE GUM SWAMP RD	
City-St-Zip:	LAKE CITY, FL 32055	

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:	
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: JOHN W. ADAMS S 04/14/2008

Electronic Signature of Signing Officer or Director — Date