

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005561

FILED  
Feb 21, 2012  
Secretary of State

**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:**

303 WISTERIA CT  
DELTONA, FL 32738

**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  
Name: DAWSON, DOUGLAS D  
Address: 2421 LE RUTH DR  
City-St-Zip: PENSACOLA, FL 32514 US

Title: V  
Name: ADAMS, JOHN W  
Address: 303 WISTERIA CT  
City-St-Zip: DELTONA, FL 32738 US

Title: T  
Name: MURRAY, ROBERT R  
Address: 2433 ROWLAND CT  
City-St-Zip: MIMS, FL 32754 US

Title: V  
Name: HURST, ROBERT P  
Address: 1502 KESSEL DR  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S  
Name: MATTHEWS, ARCHIE S  
Address: 11012 NW 202ND ST  
City-St-Zip: ALACHUA, FL 32615 US

Title: V  
Name: YOUNG, DONALD C  
Address: 285 MILFORD POINT RD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN W ADAMS

V

02/21/2012

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

\_\_\_\_\_  
Date