### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746152** 

Entity Name: SONS OF THE CONFEDERACY, INC.

**FILED** Apr 17, 2013 **Secretary of State** CC4986404822

# **Current Principal Place of Business:**

C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600 JACKSONVILLE, FL 32202

# **Current Mailing Address:**

C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600 JACKSONVILLE, FL 32202

FEI Number: 59-3040804 Certificate of Status Desired: No

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

FISHER, TOUSEY, LEAS & BALL, P.A. 818 NORTH A1A SUITE 104 PONTE VEDRA BEACH, FL 32082 US

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

#### Officer/Director Detail:

T:41-	<b>-</b>	T:41 -	_
Title		Title	U

Name MAY, MIKE Name CLARK, JOE JR

1443 BELVEDERE AVENUE 4919 PRINCE EDWARD RD Address Address City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32210

Title Title

Name SCOTT, RANDY CHANDLER, GRAY Name

Address 8453 LYNDA SUE LANE W Address 501 RIVERSIDE AVENUE, SUITE 600 JACKSONVILLE FL 32217 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202

Title Title D

FISHER, MICHAEL W Name Name MAY, MICHAEL JR

501 RIVERSIDE AVENUE, SUITE 600 Address Address 501 RIVERSIDE AVENUE, SUITE 600

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

DIRECTOR

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.