2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2019
Secretary of State
7667734613CC

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Entity Name: SONS OF THE CONFEDERACY, INC.

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.
501 RIVERSIDE AVENUE
SUITE 600
JACKSONVILLE, FL 32202 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 :

Title	T	Title	D
Name	MAY, MIKE	Name	CLARK, JOE JR
Address	C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600	Address	C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	D, VP	Title	D
Name	CHANDLER, GRAY	Name	FISHER, MICHAEL W
Address	501 RIVERSIDE AVENUE, SUITE 600	Address	501 RIVERSIDE AVENUE, SUITE 600
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	PRESIDENT	Title	SECRETARY
Name	MAYER, GEORGE	Name	GOSS, DARREL
Address	C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600	Address	C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR	Title	DIRECTOR; CHAPLAIN
Name	SCHNUSS, ROY	Name	TERRY, GORDON
Address	C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600	Address	C/O MICHAEL W. FISHER 501 RIVERSIDE AVENUE, SUITE 600
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

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: MIKE MAY TREASURER 04/15/2019

Electronic Signature of Signing Officer/Director Detail — Date