

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007314

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC3912988203**

**Entity Name:** THE FLORIDA CONFEDERATE MEMORIAL WALL, INC.

**Current Principal Place of Business:**

2020 WEST FROSTPROOF ROAD  
FROSTPROOF, FL 33843

**Current Mailing Address:**

P.O. BOX 3893  
WINTER HAVEN, FL 33885

**FEI Number:** 47-1539179

**Certificate of Status Desired:** No

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

STEMPLE, ROBERT EMERY  
MR. ROBERT EMERY STEMPLE  
2020 WEST FROSTPROOF ROAD.  
FROSTPROOF, FL 33843 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:** MR. ROBERT EMERY STEMPLE

04/03/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STEMPLE, JOHN  
Address 2020 WEST FROSTPROOF ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title VPD  
Name HERRING, MICHAEL  
Address 2020 WEST FROSTPROOF ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title T  
Name STEMPLE, ROBERT  
Address 2020 WEST FROSTPROOF ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title S  
Name GILMORE, BRYAN  
Address 2020 WEST FROSTPROOF ROAD  
City-State-Zip: FROSTPROOF FL 33843

*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:** MR. ROBERT EMERY STEMPLE

**TREASURER**

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date