

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04837** (3)

1. Corporation Name

AMERICAN MERCHANT MARINE VETERANS, INC.



Principal Place of Business

Mailing Address

4720 SE 15TH AVE.
SUITE 202
CAPE CORAL FL 33904

4720 SE 15TH AVE.
SUITE 202
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

08/23/1984

3a. Date of Last Report

03/06/1995

4. FEI Number

65-0021362

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CERZA, SANTO~~
~~4720 SE 15TH AVE.~~
~~SUITE 202~~
~~CAPE CORAL FL 33904~~

81 Name

CALVIN BERRY

82 Street Address (P.O. Box Number is Not Acceptable)

4720 SE 15 AVE STE 202

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

JAN. 15, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME BROOKS, LAWRENCE
STREET ADDRESS 4720 SE 15TH AVE., SUITE 202
CITY-ST-ZIP CAPE CORAL FL 33904

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME SEARLE, GEORGE
1.3 STREET ADDRESS 4720 SE 15 AVE, SUITE 202
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VP ☒ DELETE

NAME BRACKEN, JOSEPH
STREET ADDRESS 4720 SE 15TH AVE., STE. 202
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME CANTUA, WILLIAM
2.3 STREET ADDRESS SAME ADDR AS ABOVE
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME CERZA, SANTO
STREET ADDRESS 4720 SE 15TH AVE., SUITE 202
CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE SEC ☒ Change ☐ Addition

3.2 NAME FRALEY, THOMAS
3.3 STREET ADDRESS SAME AS ABOVE
3.4 CITY-ST-ZIP

TITLE T ☒ DELETE

NAME LEONHARDT, ROBERT
STREET ADDRESS 1419 HUNTDAL ST.
CITY-ST-ZIP LEHIGH ACRES FL

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME BERRY, CALVIN
4.3 STREET ADDRESS SAME ADDR. AS ABOVE
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN BERRY

JAN. 15, 1996

Date

941-549-1010

Daytime Phone #

CR2E037 (12/95)