2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # N04837 1. Entity Name 04-20-2005 90338 043 ****70.00 AMERICAN MERCHANT MARINE VETERANS, INC. Principal Place of Business Mailing Address 1210 LAFAYETTE ST PO BOX 151205 SUITE 202 CAPE CORAL FL 33915 SUITE 202 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address ٠, Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0021362 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERRY, CALVIN Street Address (P.O. Box Number is Not Acceptable) 1946 SE 36TH TERRACE SUITE 202 CAPE CORAL FL 33904 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) SWY FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS P/D **★** Change TITLE ☐ Delete TITLE Addition president CAP. HENRY NAME NAME 550 OAK AVENUE STREET ADDRESS STREET ADDRESS FRANCIS DOOLEY, ESQ 350 MAIN Street West Orange Change BOHEMIA NY 11716-4905 CITY-ST-7IP CITY-ST-7IP S/D TITLE ☐ Delete TITLE Henry Dooley H837 BREAZ, JOHN NAME NAME 5013 SAXONY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP מד ☐ Delete ☐ Addition BERRY, CALVIN NAME NAME 1946 SE 36TH TERRACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

4-16-05 Date

Davtime Phone #

FILED