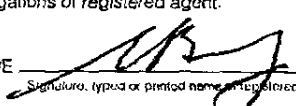
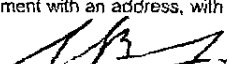


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04837 1. Entity Name AMERICAN MERCHANT MARINE VETERANS, INC.					
Principal Place of Business 1210 LAFAYETTE ST SUITE 202 CAPE CORAL FL 33904 US			Mailing Address PO BOX 151205 SUITE 202 CAPE CORAL FL 33915 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0021362	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERRY, CALVIN 1946 SE 36TH TERRACE SUITE 202 CAPE CORAL FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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  Signature, typed or printed name of registered agent and title if applicable				DATE 4-4-2006	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOOLEY, FRANCIS ESQ 350 MAIN ST WEST ORANGE NJ 07052			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BREAZ, JOHN 5013 SAXONY CT CAPE CORAL FL 33904			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERRY, CALVIN 1946 SE 36TH TERRACE CAPE CORAL FL 33904			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOOLEY, HENRY 1801 BEDFORD LANE #837 SUN CITY CENTER FL 33573			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.				SIGNATURE:  4-4-2006 2:36:38 PM	



1st MOORE CR2E037 (10/05)

Applied For
Not Applicable

FL Zip Code

4-4-2006

000000496669

04/22/06-80020-011 70-00