

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 007 ****70.00

DOCUMENT # N04837

1. Entity Name

AMERICAN MERCHANT MARINE VETERANS, INC.



Principal Place of Business

Mailing Address

1210 LAFAYETTE ST
SUITE 202
CAPE CORAL FL 33904
US

PO BOX 151205
SUITE 202
CAPE CORAL FL 33915
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0021362

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, CALVIN
1946 SE 36TH TERRACE
SUITE 202
CAPE CORAL FL 33904

Name

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

City

FL

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

Calvin Berry Treas.

1-31-07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 P ☐ Delete
NAME DOOLEY, FRANCIS ESQ
STREET ADDRESS 350 MAIN ST
CITY- ST- ZIP WEST ORANGE NJ 07052

TITLE S/D ☒ Delete
NAME BREAZ, JOHN
STREET ADDRESS 5013 SAXONY CT
CITY- ST- ZIP CAPE CORAL FL 33904

TITLE TD ☐ Delete
NAME BERRY, CALVIN
STREET ADDRESS 1946 SE 36TH TERRACE
CITY- ST- ZIP CAPE CORAL FL 33904

TITLE S ☒ Delete
NAME DOOLEY, HENRY
STREET ADDRESS 1801 BEDFORD LANE #837
CITY- ST- ZIP SUN CITY CENTER FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V.P. ☒ Change ☐ Addition
NAME Henry Cap
STREET ADDRESS 850 Oak Av.
CITY- ST- ZIP Bohemia, NY 11716-4905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Calvin Berry Treas. 1-31-07 239-549-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #