

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04837

FILED
Jan 15, 2009
Secretary of State

Entity Name: AMERICAN MERCHANT MARINE VETERANS, INC.

Current Principal Place of Business:

1323 LAFAYETTE ST
UNIT H
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 151205
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 65-0021362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, CALVIN G
1323 LAFAYETTE STREET
UNIT H
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WICHITA, A.J.
Address: 605 LAGUNA DRIVE
City-St-Zip: RICHARDSON, TX 75080

Title: T () Delete
Name: BEHRENS, JACK F
Address: 2057 SALLAL ROAD
City-St-Zip: WOODBURN, OR 97071

Title: VP () Delete
Name: COLON, JOE
Address: 9312 NW 9TH PLACE
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BERRY, CALVIN G
Address: 1323 LAFAYETTE ST. UNIT H
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: CAUBLE, NELSON
Address: 2657 GREYFOX DR
City-St-Zip: SUTHERLIN, OR 97479

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CALVIN BERRY

T

01/15/2009

Electronic Signature of Signing Officer or Director

Date