


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 725765 1. Entity Name AMERICAN MARITIME OFFICERS BUILDING CORPORATION OF FLORIDA	
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Principal Place of Business 2 WEST DIXIE HIGHWAY DANIA BEACH, FL 33004	Mailing Address 2 WEST DIXIE HIGHWAY DANIA BEACH, FL 33004 US
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7277310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, JOSE  
 2 W DIXIE HWY  
 DANIA BEACH, FL 33004

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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) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD00000950286  
 06/04/08-80010-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SMITH, DANIEL 2704 GUNCKEL TOLEDO, OH 43606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BETHEL, THOMAS J 315 HOLME AVENUE ELKINS PARK, PA 19027
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD LEONARD, JOSE 2 W DIXIE HWY DANIA BEACH, FL 30004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_