FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756642** **(5)**

1. Corporation Name

ASSOCIATION OF AM AND FM LODGES, INCORPORATED

Principal Place of Business	Mailing Address
3670 MIMOSA DRIVE P.O. BOX 1605 JACKSONVILLE FL 32207	3670 MIMOSA DRIVE P.O. BOX 1605 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1981
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2177147 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

JAMES, ROOSEVELT
3670 MIMOSA DRIVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	JAMES, ROOSEVELT, JR.	12 NAME		
STREET ADDRESS	4149 ST. AUGUSTINE RD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V	☑ Change ☐ Addition
NAME	GARVIN, ALEX	22 NAME	SPENCER SYLVEST	
STREET ADDRESS	5921 CHRYSTOBEL AVENUE	23 STREET ADDRESS	1530 LAKESHORE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE. FLA.	
TITLE	T.	31 TITLE	S.D.	☑ Change ☐ Addition
NAME	THOMAS, ANTHONY R.	32 NAME	DOROTHY REID	
STREET ADDRESS	7823 BLANK DRIVE NORTH	33 STREET ADDRESS	8302 DERBY SHIRE PL.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE. FLA.	
TITLE	D	41 TITLE		☐ Change ☑ Addition
NAME	SCOTT, EDNA	42 NAME	D.	
STREET ADDRESS	605 TALBOT AVENUE	43 STREET ADDRESS	JOHNNY L. WATKINS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	2072 TALLEDEGA RD. JAX FLA.	
TITLE	D	51 TITLE	D.	☑ Change ☐ Addition
NAME	THOMPSON, EDMOND L.	52 NAME	TIMOTHY G ROSE	
STREET ADDRESS	623 LINWOOD STREET	53 STREET ADDRESS	5211 HELM AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	JACKSONVILLE. FLA.32244	
TITLE	D	61 TITLE		☐ Change ☑ Addition
NAME	WRIGHT, GEORGE	62 NAME	D.	
STREET ADDRESS	2230 EMERSON STREET	63 STREET ADDRESS	TOM JOYNER	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	5252 BEACH BLVD. JAX FLA.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edna Scott 4-17-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025172