

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756642 (5)
1. Corporation Name
ASSOCIATION OF AM AND FM LODGES, INCORPORATED



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

3. Date Incorporated or Qualified 03/06/1981 3a. Date of Last Report 05/16/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 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 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE	11 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, ROOSEVELT, JR.	12 NAME	EDNA SCOTT
STREET ADDRESS	4149 ST. AUGUSTINE RD.	13 STREET ADDRESS	605 TALBOT AVE.
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FLA.
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVEST, SPENCER	22 NAME	
STREET ADDRESS	1530 LAKESHORE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	SD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, DOROTHY	32 NAME	TERRY L. SYLVESTER
STREET ADDRESS	8302 DERBYSHIRE PL.	33 STREET ADDRESS	1530 LAKESHORE BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FLA. 32205
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, EDNA	42 NAME	DOROTHY REID
STREET ADDRESS	605 TALBOT AVENUE	43 STREET ADDRESS	8302 DERBY SHIRE PL.
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE, FLA.
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, TIMOTHY G.	52 NAME	ROOSEVELT A. JAMES
STREET ADDRESS	5211 HELM AVE.	53 STREET ADDRESS	3670 MIMOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	JACKSONVILLE FLA.
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GEORGE	62 NAME	700001848707
STREET ADDRESS	2230 EMERSON STREET	63 STREET ADDRESS	-06/03/96--01074--013
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	***75.00

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)(k), 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: ROOSEVELT A. JAMES: EXECUTIVE DIRECTOR, FOUNDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/26/96

CS 5/1/96

Daytime Phone #

CR2E037 (12/95)