

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 756642 (5)  
1. Corporation Name  
ASSOCIATION OF AM AND FM LODGES, INCORPORATEDPrincipal Place of Business Mailing Address  
3670 MIMOSA DRIVE 3670 MIMOSA DRIVE  
P.O. BOX 1605 P.O. BOX 1605  
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-6866

3. Date Incorporated or Qualified 03/06/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2177147	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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## 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SCOTT, DONNA</del>	1.2 NAME	MARY WAITER'S
STREET ADDRESS	605 TALBOT AVE.	1.3 STREET ADDRESS	1419 EVRGREEN AVE.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL. 32206
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SYLVESTER, SPENCER</del>	2.2 NAME	LUTRELL DEMERY
STREET ADDRESS	1530 LAKESHORE BLVD.	2.3 STREET ADDRESS	9802 BAYMEADOWS RD#12 SUITE 169
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL. 32256
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SYLVESTER, TERRY L.</del>	3.2 NAME	ROOSEVELT A. JAMES
STREET ADDRESS	1530 LAKESHORE BLVD.	3.3 STREET ADDRESS	3670 MIMOSA DRIVE.
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	JACKSONVILLE FL. 32207
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>REID, DOROTHY</del>	4.2 NAME	GEORGE WRIGHT
STREET ADDRESS	8302 DERBY SHIRE PL	4.3 STREET ADDRESS	3539 SPRING PARK RD.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ROSE, TIMOTHY G.</del>	5.2 NAME	EDNA SCOTT
STREET ADDRESS	5211 HELM AVE.	5.3 STREET ADDRESS	605 TALBOT AVE. JAX FL. 32205
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GEORGE	6.2 NAME	MARTIN JAMES A.
STREET ADDRESS	2230 EMERSON STREET	6.3 STREET ADDRESS	3010 NICKORYNUT STREET
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE FL. 32208

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004946

CR2E037 (9/96)