2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2004 8:00 am **Secretary of State DOCUMENT # 756642** 1. Entity Name 03-30-2004 90001 041 ****75.00 ASSOCIATION OF AM AND FM LODGES, INCORPORATED Principal Place of Business Mailing Address 3670 MIMOSA DRIVE 3670 MIMOSA DRIVE 54024060 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2177147 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent يستطرن فالرش معامس أمام أأنا JAMES, ROOSEVELT Street Address (P.O. Box Number is Not Acceptable) 3670 MIMOSA DRIVE JACKSONVILLE FL 32207 Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE JAMES, ROOSEVELT A. NAME NAME 3670 MIMOSA DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ENDA SCOTT ☐ Delete TITLE BROWN, RAFE 1005 WEST BROOK CIR NAME 5530 NORTHWEST 29TH AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FLA. 32209 MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE MARTIN JAMES A. 11501 HARTS RD. APT#406 RILEY, CLINTON" ** ~ NAME NAME 18711 NORTHWEST 49TH CT STREET ADDRESS STREET ADDRESS JACKSONVILLE FLA. 32218 OPA LOCKA FL 33055 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE WILCHER JAY WATKINS, JOHNNY L. NAME P.O. BOX 10421 1320 HOGAN CREEK TOWER, APT 1006 STREET ADDRESS STREET ADDRESS JACKSONVILLE FLA. 32207 JACKSONVILLE FL 32218 CITY-ST-7IP CITY-ST-ZIP RODERICK A. JAMES: Change Addition ☐ Delete TITLE TITLE WILLIAMS, CLINTON NAME NAME 3670 MIMOSA DRIVE: 1859 NW 57TH ST STREET ADDRESS JACKSONVILLE FLA. 32207 STREET ADDRESS MIAMI FL 33142 CITY-ST-7IP CiTY-ST-ZIP STADIUM WORKER!S VOLUNTEERS ✓ Addition JOHN GREEN Change TITLE ☐ Delete TITLE JERALD HARDWICK NAME NAME 13336 SOUTHWEST 27th. 1.06 NORTHWYCH DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR, FLA. 33027 JACKSONVILLE FLA. 32218 CITY-ST-ZIP CITY-ST-ZIP

12. I 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 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 attaching hywith an address, with all other like empowered.

SIGNATURE

FILED