
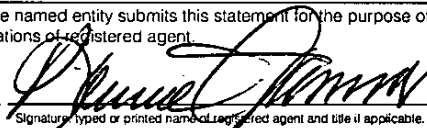
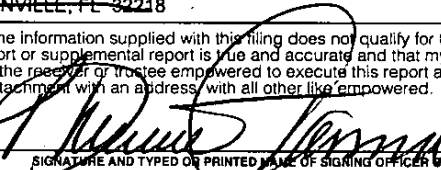


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90064 004 \*\*\*\*75.00

<b>DOCUMENT # 756642</b> 1. Entity Name ASSOCIATION OF AM AND FM LODGES, INCORPORATED					
Principal Place of Business 3670 MIMOSA DRIVE JACKSONVILLE, FL 32207			Mailing Address 3670 MIMOSA DRIVE JACKSONVILLE, FL 32207		
2. Principal Place of Business 3670 MIMOSA DRIVE Suite, Apt. #, etc.		3. Mailing Address 3670 MIMOSA DRIVE Suite, Apt. #, etc.			
City & State JACKSONVILLE FLORIDA		City & State JACKSONVILLE FLORIDA		4. FEI Number 59-2177147	
Zip 32207		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES ROOSEVELT 3670 MIMOSA DRIVE JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name: ROOSEVELT A. JAMES Street Address (P.O. Box Number is Not Acceptable) 3670 MIMOSA DRIVE City: JACKSONVILLE FL Zip Code: 32207			
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDF JAMES, ROOSEVELT A. 3670 MIMOSA DR JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RAFE 5530 NORTHWEST 29TH AVE MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REPRESENTATIVE JOHN T.M. JACKSHAW 4749 CINNAMON FERN DRIVE JAX FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CLINTON 18711 NORTHWEST 49TH CT OPA LOCKA, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REPRESENTATIVE: DOROTHY REID 6615 STUART AVE: JAX FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, JOHNNY L. 1320 HOGAN CREEK TOWER, APT 1006 JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR: STADIUM WORKERS VOLUNTEER RODERICK A. JAMES: 6933 JACK HORNER LANE JAX FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLIAMS, CLINTON 1859 NW 57TH ST MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDWICK, JERALD 106 NORTH WYCH DR. JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT: WILCHER JAY P.O. BOX 10421 JAX FL.		
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 attachment with an address with all other like empowered.					
SIGNATURE: 		Date: 4-11-05 Daytime Phone #:			

(904) 396-4024 OFFICE