

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90067 047 \*\*\*\*75.00

**DOCUMENT # 756642**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2177147**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES, ROOSEVELT  
3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SDF ☐ Delete  
NAME JAMES, ROOSEVELT A.  
STREET ADDRESS 3670 MIMOSA DR  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☒ Delete  
NAME ~~BROWN, RAFF~~  
STREET ADDRESS ~~5500 NORTHWEST 29TH AVE~~  
CITY-ST-ZIP ~~MIAMI FL 33147~~

TITLE D ☒ Delete  
NAME ~~RILEY, CLINTON~~  
STREET ADDRESS ~~1871 NORTHWEST 49TH ST~~  
CITY-ST-ZIP ~~ORLANDO FL 32805~~

TITLE D ☐ Delete  
NAME WATKINS, JOHNNY L.  
STREET ADDRESS 1320 HOGAN CREEK TOWER, APT 1006  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VPT ☒ Delete  
NAME ~~WILLIAMS, CLINTON~~  
STREET ADDRESS ~~1850 N. W. 11TH ST~~  
CITY-ST-ZIP ~~MIAMI FL 33142~~

TITLE P ☐ Delete  
NAME WILCHER, JAY  
STREET ADDRESS P.O. BOX 10421  
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ALTHEA ROBERTS GRAND MATRON  
STREET ADDRESS 1320 BROAD ST: APT#406  
CITY-ST-ZIP JACKSONVILLE FLA. 32202

TITLE ☐ Change ☐ Addition  
NAME KILPATRICK ROSCOE: BOARD CHAIRPERSON  
STREET ADDRESS 8941 2nd AVENUE  
CITY-ST-ZIP JACKSONVILLE FLA. 32208

TITLE ☐ Change ☒ Addition  
NAME JOHN T.M. HACKSHAW CHIEF COORD  
STREET ADDRESS 6615 STUART AVE  
CITY-ST-ZIP JACKSONVILLE FLA. 32254

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MICHAEL ROBINSON  
STREET ADDRESS 6522 BARTH RD,  
CITY-ST-ZIP JACKSONVILLE FLA.. 32219

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*

4/10/06

(904)396-4024