

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90033 004 \*\*\*\*75.00

**DOCUMENT # 756642**

1. Entity Name

ASSOCIATION OF AM AND FM LODGES, INCORPORATED



Principal Place of Business

Mailing Address

3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207

3670 MIMOSA DRIVE  
JACKSONVILLE FL 32207

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007**

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 GM ☐ Delete  
NAME ~~ROBERTS, ALTHEA~~ *Dropped*  
STREET ADDRESS ~~1320 BROAD ST APT 406~~ *Not Reported (4) Mo.*  
CITY- ST- ZIP JACKSONVILLE FL 32202

TITLE BC ☐ Delete  
NAME KILPATRICK, ROSCOA  
STREET ADDRESS 8941 2ND AVE  
CITY- ST- ZIP JACKSONVILLE FL 32208

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

TITLE CC ☐ Delete  
NAME ~~HACKSHAW, JOHN T.M.~~ *Not Active*  
STREET ADDRESS ~~6615 STUART AVE~~  
CITY- ST- ZIP JACKSONVILLE FL 32254

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 SARAH WILCHER  
STREET ADDRESS P.O. BOX 10421  
CITY- ST- ZIP JACKSONVILLE FLA. 32207

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

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

TITLE ☐ Change ☐ Addition  
NAME GEORGE DIXON/YSRALY  
STREET ADDRESS 303 EAST 21th. STREET  
CITY- ST- ZIP JACKSONVILLE FLA. 32206

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

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:

*Sharon Thomas* *3/20/07* *Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #