2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State
04-21-2008 90054 042 ****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

1st MOORE CR2E037 (10/07)

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

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required where indicated)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	SDF JAMES, ROOSEVELT A. 3670 MIMOSA DR JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	GM WILCHER, SARAH PO BOX 10421 JACKSONVILLE FL 32207	☑ Delete	TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition RAFE BROWN 5600 N.W. 17th AVENUE MIAMI FLORIDA 33142
TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	BC KILPATRICK, ROSCOA 8941 2ND AVE JACKSONVILLE FL 32208	☐ Delete	TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition HALSEY, MICHEAL 5819 POMPANO DRIVE JACKSONVILLE FLA. 32277
TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, JOHNNY L. 1320 HOGAN CREEK TOWER, APT 1006 JACKSONVILLE FL 32218	☐ Delete	TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MARTIN JAMES A. 11501 hart RDAPT#406 JACKSONVILLE FLA. 32218
TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	CC DIXON YSRALY, GEORGE 303 E 21TH ST JACKSONVILLE FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE (S) NAME STREET ADDRESS CITY-ST-ZIP	P WILCHER, JAY P.O. BOX 10421 JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Pdnt Officer 4/7/08 (904)396-4034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #