FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # 804079 (2)

1. Corporation Name
AMERICAN WAR MOTHERS

Principal Place of Business	Mailing Address
3133 PARK STREET JACKSONVILLE FL 32205	3133 PARK STREET JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1965
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1839367 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ALEY, MATTIE O.
3133 PARK STREET
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☑ Addition
NAME	BURR, ERNA	12 NAME	BURR, ERNA	
STREET ADDRESS	6120 ELM GROVE AVE	13 STREET ADDRESS	6120 ELM GROVE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	ALEY, MATTIE	22 NAME		
STREET ADDRESS	3133 PARK ST.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, VIOLA	32 NAME		
STREET ADDRESS	7425-109TH LANE	33 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BURNSED RUTH	42 NAME		
STREET ADDRESS	7539 PROXIMA ST.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ALEY, MATTIE	52 NAME		
STREET ADDRESS	3133 PARK ST	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL. 32205	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, VIOLA	62 NAME	REMITTED BY MAY 1	
STREET ADDRESS	7425-109th Ln	63 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL. 34642	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Erna H. Burr, President — 4-25-95 — 904-771-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001378