## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 804079

(2)

**AMERICAN WAR MOTHERS** 

## **FILED** May 09 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			T TO EAST (BITT) OF THE BOTH FOR THE STATE OF THE STATE O	
133 PARK STREET ACKSONVILLE FL 32205		3133 PARK STREET JACKSONVILLE FL 32205-7924					
					3. Date Incorporated or Qualified 02/22/1965	3a. Date of Last Report 05/01/1996	
· ·	Place of Business	2a. Mailing Address			4. FEt Number 59-1839367	X Applied For	
21	W - 4 - 4	Soite Ant # ole		39-1639307	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required	
City & Stat	е	City & State			& Floring Compaign Figureins	<del></del>	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation has liability for		
24	25	29	30			Yes 🔀 No	
	9. Name and Address of Currel	nt Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name			
ALEY, MA	TTIE O.		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
3133 PAR	k street						
JACKSON	IVILLE FL 32244			83			
				84 City		B5 Zip Code	
				<u> </u>		<u> </u>	
11. Pursuant office or r	to the provisions of Sections 617,050 registered agent, or both, in the State	22 and 617.1508, Florida Stati of Florida. Such change was	utes, the al s authorize	bove-named ( d by the corp	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered ppt the appointment as registered	
agent.la						., 47.07	
SIGNATURE	Signature, typed or printed name of registered ag	RR- 6m	a P	1. 13.00	required when reinstating)	4-17-97	
12.		D DIRECTORS	18.	n whom sitharane i	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1,1 70	TLE		CERS AND DIRECTORS IN 12  Change Addition	
NAME	BURR, ERNA		1.2 N	AME		) [	
STREET ADDRESS	6120 ELM GROVE AVE		1.3 \$1	TREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 C	ITY-ST-ZIP		3	
TITLE	T DELETE 2.11		TLE		Change Addition		
NAME	ALEY, MATTIE		2.2 N	AME			
STREET ADDRESS	3133 PARK ST.		235	THEET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	· · · · · · · · · · · · · · · · · · ·	2. 4 0	CITY-ST-ZIP			
TITLE	[ V	☐ DELETE	3.1 71	TLE		Change Addition	
NAME	HITCHINS, MARION		3.2 N				
STREET ADDRESS	1930 52ND AVENUE S.			Tree1 address			
CITY-ST-ZIP	GULFPORT FL	<b>™</b> DELETE		ITY-ST-ZIP		Change I Addition	
TITLE	S DUDNOCO DUTU	OR DETEIL	4,1 Ti	1		Change  Addition	
NAME	BURNSED RUTH		4.21	ŀ			
STREET ADDRESS	7539 PROXIMA ST. JACKSONVILLE FL			TREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 Cl	TY-ST-ZIP		Change Addition	
NAME	D   Aley, Mattie	Octob	5.2 N			El Annulo	
STREET ADDRESS	3133 APRK ST			TREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			ITY-ST-ZIP			
TITLE	D	DELETE	6.1 Tr			Change Addition	
NAME	FREANCIS, VIOLA		6.2 N				
STREET ADDRESS	7425 109TH ST			TREET ADDRESS			
CITY ST-ZIP	SEMINOLE FL			ITY+ST-ZIP			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

I do 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 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.

EDMANDELLINE, DOBLIGHTON