

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 12, 2009
Secretary of State**

DOCUMENT# N04837

Entity Name: AMERICAN MERCHANT MARINE VETERANS, INC.**Current Principal Place of Business:**1323 LAFAYETTE ST
UNIT H
CAPE CORAL, FL 33904 US**New Principal Place of Business:**1946 SE 36TH TERRACE
CAPE CORAL, FL 33904 US**Current Mailing Address:**PO BOX 151205
CAPE CORAL, FL 33915 US**New Mailing Address:**1946 SE 36TH TERRACE
CAPE CORAL, FL 33904 US

FEI Number: 65-0021362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BERRY, CALVIN G
1323 LAFAYETTE STREET
UNIT H
CAPE CORAL, FL 33904 US**Name and Address of New Registered Agent:**BERRY, CALVIN G
1946 SE 36TH TERRACE
CAPE CORAL, FL 33904 US

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.

SIGNATURE:

11/12/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: WICHITA, A.J.
Address: 605 LAGUNA DRIVE
City-St-Zip: RICHARDSON, TX 75080Title: T () Delete
Name: BERRY, CALVIN G
Address: 1323 LAFAYETTE ST. UNIT H
City-St-Zip: CAPE CORAL, FL 33904Title: VP () Delete
Name: COLON, JOE
Address: 9312 NW 9TH PLACE
City-St-Zip: PLANTATION, FL 33324Title: S () Delete
Name: CAUBLE, NELSON
Address: 2657 GREYFOX DR
City-St-Zip: SUTHERLIN, OR 97479**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: TRIMBATH, DON
Address: 10556 COMBIE RD. PMB 6497
City-St-Zip: AUBURN, CA 95602Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN D. BERRY

T

11/12/2009

Electronic Signature of Signing Officer or Director_____
Date