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Jan 20 1998 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000004124 (3)

1. Corporation Name

AMAZON BASIN BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JEFFERSON W. CLARK, JR., ESO.
417 CANAL ST.
NEW SMYRNA BEACH FL 32168

C/O JEFFERSON W. CLARK, JR., ESO.
417 CANAL ST.
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

59-3262794

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, JEFFERSON W JR
417 CANAL ST.
NEW SMYRNA BEACH FL 32168

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
GEBELEIN, CHARLES G
1730 UMBRELLA TREE DR.
EDGEWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
CLARK, JEFFERSON W JR
417 CANAL ST.
NEW SMYRNA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
SCHELL, CARL
4351 MACKERAL
EDGEWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WAGGENER, FREDERICK
6321 QUARTERHORSE CIRCLE
COCOA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
BRUMER, BARRY N.
428 N. RIVERSIDE DRIVE
EDGEWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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.

SIGNATURE:

Carole E. Schell, President (CARLE Schell) 1/19/98 904 3452026

CR2E037 (10/97)