

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90120 023 \*\*\*\*61.25

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1. Corporation Name

AMAZON BASIN BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/22/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3262794

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME GEBELEIN, CHARLES G  
STREET ADDRESS 1730 UMBRELLA TREE DR.  
CITY-ST-ZIP EDGEWATER FL 32132

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
Richard Gramer  
3004 PineTree Dr.  
EDGEWATER, FL 32141

☐ Change ☒ Addition

TITLE DS ☐ DELETE

NAME CLARK, JEFFERSON W JR  
STREET ADDRESS 417 CANAL ST.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME SCHELL, CARL  
STREET ADDRESS 4351 MACKERAL  
CITY-ST-ZIP EDGEWATER FL 32141

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME BRUMER, BARRY N.  
STREET ADDRESS 428 N. RIVERSIDE DRIVE  
CITY-ST-ZIP EDGEWATER FL 32132

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

904345-2026

Daytime Phone #

CR2E037 (11/98)