

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004124

FILED
Apr 24, 2003
Secretary of State

Entity Name: AMAZON BASIN BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

C/O JEFFERSON W. CLARK, JR., ESQ.
500 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

C/O JEFFERSON W. CLARK, JR., ESQ.
500 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3262794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JEFFERSON W JR
500 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: CLARK, JEFFERSON W JR
Address: 500 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DP () Delete
Name: SCHELL, CARL
Address: 4351 MACKERAL
City-St-Zip: EDGEWATER, FL 32141

Title: DV () Delete
Name: MCKENZIE, DAVID
Address: 6291 TURLEMOUND ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DT () Delete
Name: BERG, WARD T
Address: 205 RANKEN DRIVE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL E. SCHELL

DP

04/24/2003

Electronic Signature of Signing Officer or Director

Date