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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003943 (6)

1. Corporation Name

AMERICAN MERCHANT MARINE VETERANS: ST. JOHN'S RIVER CHAPTER, INC.

Principal Place of Business

Mailing Address

8051 LAKELAND ST
JACKSONVILLE FL 322218051 LAKELAND ST
JACKSONVILLE FL 32221-33053. Date Incorporated or Qualified
08/17/19953a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3207219

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURMAN, HERBERT
8051 LAKELAND ST
JACKSONVILLE FL 32221

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 CEO
NAME FURMAN, HERBERT
STREET ADDRESS 8051 LAKELAND ST.
CITY-ST-ZIP JACKSONVILLE FL 322211.1 TITLE CEO
1.2 NAME FURMAN, HERBERT
1.3 STREET ADDRESS 8051 LAKELAND ST.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32221TITLE VP
NAME MCELROY, RUSSELL
STREET ADDRESS 1623 LOUVRE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 322212.1 TITLE VP
2.2 NAME MCELROY, RUSSELL
2.3 STREET ADDRESS 1623 LOUVRE DRIVE
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32221TITLE S
NAME FURMAN, MELISSA
STREET ADDRESS 8051 LAKELAND ST.
CITY-ST-ZIP JACKSONVILLE FL 322213.1 TITLE S
3.2 NAME STECKLEY, LUCILLE
3.3 STREET ADDRESS P.O. BOX 565-121 PARKIN RD.
3.4 CITY-ST-ZIP POMONA PARK, FL 32181TITLE T
NAME BAHMANN, FRANK
STREET ADDRESS RT. 8, BOX 224
CITY-ST-ZIP LIVE OAK FL 320604.1 TITLE T
4.2 NAME BAHMANN, FRANK
4.3 STREET ADDRESS 19113 60th PLACE-A
4.4 CITY-ST-ZIP LIVE OAK, FL 32060TITLE HD
NAME LOCKHART, JOHN
STREET ADDRESS 1002 ACOSTA ST.
CITY-ST-ZIP JACKSONVILLE FL 322045.1 TITLE HD
5.2 NAME LOCKHART, JOHN
5.3 STREET ADDRESS 1002 ACOSTA ST.
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32204TITLE PPD
NAME BARA, STANLEY
STREET ADDRESS 3588 S. PINTAIL DR.
CITY-ST-ZIP JACKSONVILLE BEACH FL 322506.1 TITLE D
6.2 NAME HARRIS, CHARLES
6.3 STREET ADDRESS Rt. 3, BOX 172-3
6.4 CITY-ST-ZIP GREENVILLE, FL 32331

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005807

CR2E037 (9/96)

1/10/97 904 781 4963