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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32221**

**8051 LAKELAND ST
JACKSONVILLE FL 32221**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1950 ALBERTA CT N**

22 City & State

27 **MIDDLEBURG FL**

23 Zip Country

28 **32068** 30 **USA**

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

59-3207219

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

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

ALFRED H. WETMORE

82 Street Address (P.O. Box Number is Not Acceptable)

1950 ALBERTA CT No

83

84 City

MIDDLEBURG

FL

85 Zip Code

32068

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

Alfred H. Wetmore (PRES.)

1-20-98

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** ☒ DELETE
NAME **FURMAN, HERBERT**
STREET ADDRESS **8051 LAKELAND ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

1.1 TITLE **PRESIDENT (CEO)** ☒ Change ☐ Addition
1.2 NAME **ALFRED H. WETMORE**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE
NAME **MCELROY, RUSSELL**
STREET ADDRESS **1623 LOUVRE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **LOCKHART, JOHN**
2.3 STREET ADDRESS **1002 ACOSTA ST**
2.4 CITY-ST-ZIP **JACKSONVILLE 32204**

TITLE **S** ☐ DELETE
NAME **STECKLEY, LUCILLE**
STREET ADDRESS **PO BOX 565-121 PARKING RD**
CITY-ST-ZIP **POMONA PARK FL**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **STECKLEY, LUCILLE**
3.3 STREET ADDRESS **P.O. BOX 565-121 PARKING RD**
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **BAHMANN, FRANK**
STREET ADDRESS **19113 60TH PLACE A**
CITY-ST-ZIP **LIVE OAK FL**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **BAHMANN, FRANK**
4.3 STREET ADDRESS **19113 60TH PL. A**
4.4 CITY-ST-ZIP **LIVE OAK, FL**

TITLE **HD** ☒ DELETE
NAME **LOCKHART, JOHN**
STREET ADDRESS **1002 ACOSTA ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

5.1 TITLE **HD** ☐ Change ☒ Addition
5.2 NAME **LOCKHART, JOHN**
5.3 STREET ADDRESS **1002 ACOSTA ST**
5.4 CITY-ST-ZIP **JACKSONVILLE**

TITLE **D** ☐ DELETE
NAME **HARRIS, CHARLES**
STREET ADDRESS **RT 3 BOX 172-3**
CITY-ST-ZIP **GREENVILLE FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **HARRIS, CHARLES**
6.3 STREET ADDRESS **RT 3 BOX 172-3**
6.4 CITY-ST-ZIP **GREENVILLE FL**

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:

Alfred H. Wetmore

1-20-98

282-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (optional)

CP25037 (10/97)