

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90210 035 ****61.25

0001100

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000003943

1. Corporation Name

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

Principal Place of Business

8051 LAKELAND ST
JACKSONVILLE FL 32221

Mailing Address

1850 ALBERTA CT N
MIDDLEBURG FL 32068
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

WETMORE, ALFRED H
1850 ALBERTA CT N
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name JOHN M. LOCKHART

82 Street Address (P.O. Box Number is Not Acceptable)
1002 ACOSTA ST.

83

84 City JACKSONVILLE, FL

FL

85 Zip Code

32204-4217

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

John M. Lockhart, Pres - C.B.O.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME WETMORE, ALFRED H
STREET ADDRESS 8051 LAKELAND ST.
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE VP
NAME LOCKHART, JOHN
STREET ADDRESS 1002 ACOSTA ST
CITY-ST-ZIP JACKSONVILLE FL 32204

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.C.E.O.
1.2 NAME JOHN M. LOCKHART
1.3 STREET ADDRESS 1002 ACOSTA ST
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32204-4217

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

3.1 TITLE EDITA DAVIS
3.2 NAME 610 S.E. LAKEVIEW DR.
3.3 STREET ADDRESS KEYSTONE HEIGHTS, FL 32656
3.4 CITY-ST-ZIP

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

5.1 TITLE JAMES C. DAVIS
5.2 NAME 610 S.E. LAKEVIEW DR
5.3 STREET ADDRESS KEYSTONE HEIGHTS, FL 32656
5.4 CITY-ST-ZIP

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

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

John Bahmann 1/24/99 362-6755

CR2E037 (1/198)