FILE NOW: FILING FEE IS \$61.25

NONPROFIT CÖRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

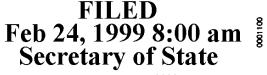
1999 DOCUMENT # N95000003943

1. Corporation Name

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

Principal Place of Business /

Mailing Address



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

8051 LAKELAND ST 1850 ALBERTA CT N JACKSONVILLE FL 32221 MIDDLEBURG FL 32068 US								
2. Principal Place of Business 2a. Mailing Address 2b. 7.6.76 × 6625			Control 12		Date Incorporated or Qualifed Out 17/1005			
21					08/17/1995	- 1 1		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-3207219	Applied For		
22		7 Oh 8 State			39-320/219		Not Applicable	
City & Sta	ate	28 JACKSUNU, 16, FL			5. Certificate of Status Desired	Fee Required		
Zip	Zip Country Zip C			6. Election Campaign Financing 55.00 May Be				
24 25 29 32 234 - 142 5 30					Trust Fund Contribution		ed to Fees	
	9. Name and Address of Current	Registered Agent	81	Name -	10. Name and Address of New Registered	Agent		
					OHN M. LOCKHART		•	
WETMORE, ALFRED H			82 Street Address (P.O. Box Number is Not Acceptable)				•	
1850 ALBERTA CT N			83	1002	A COSTA ST.			
MIDDLEBURG FL 32068					•			
			84	City Ja	CKSON VILLE FLEST FL	85 Zi	ip Code 92204-42	
agent. I a	H A	INGS CB.O.	ed Agen		oration submits this statement for the purpose of on's board of directors. I hereby accept the appo			
12.	OFFICERS AND	DIRECTORS 13	١.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PCEO	DELETE 1.1	TITLE		C.E.P.	Chang	ge 🔲 Addition	
NAME	WETMORE, ALFRET H	1.2	NAME	7	OHN M. LOCKHART			
STREET ADDRESS	8051 LAKELAND ST.	1.3	STREET		DOZ A COSTA ST			
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY-S	T-ZIP J	TACKSONVILLE, FL 32204-4	217		
TITLE	VP	☐ DELETE 2.1	TITLE		·	Chang	ge 🗌 Addition	
NAME	LOCKHART, JOHN	22	NAME					
STREET ADDRESS	1002 ACOSTA ST	23	STREET	T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-S	T-ZIP				
TITLE	S	☐ DELETE 3.1	TITLE	E	EDITH DAVIS 100 S.E. LAMEVIEW GENSTOWN HEIGHTS,	Chang	ge 🗌 Addition	
NAME	STECKLEY, LUCILLE	3.2	NAME	7	010 S.E. LAKEVIEW	u Da	.	
STREET ADDRESS	PO BOX 565-121 PARKING RD	3.3	STREET	ADDRESS	Workstould HOLLIATS	FI:	32654	
CITY-ST-ZIP	POMONA PARK FL		CITY-S	ST-ZIP	DEPRIVATION TO THE			
TITLE	T		TITLE			☐ Chang	ge	
NAME	BAHMANN, FRANK	■ "-	NAME	ľ	-			
STREET ADDRESS	19113 60TH PLACE A	■ ···		TADDRESS				
CITY-ST-ZIP	LIVE OAK FL		CITY-ST	T-ZiP	A Date of	E Ch		
TITLE	HD		TITLE	J	AMES C. DAVIS		ge Addition	
NAME	LOCKHART, JOHN		NAME	G	10 3.E. LAME VIEW	- J-1	•	
STREET ADDRESS	1002 ACOSTA 31.		3.3 STREET ADDRESS		AMES C. DAVIS 10 S.E. LAXEVIEW EYSTONE HEIGHTS.F	4 32	65G	
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-S1	T-ZIP	-,			
TITLE	l n	☐ DELETE 6.1	ΠŒ			Chang	ge 🔲 Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS RT 3 BOX 172-3

HARRIS, CHARLES