

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90130 034 ****70.00

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1. Entity Name

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



Principal Place of Business

**8051 LAKELAND ST
JACKSONVILLE FL 32221**

Mailing Address

**P.O. BOX 6625
JACKSONVILLE FL 32236-6625
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3207219

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURMAN, HERBERT
8051 LAKELAND ST
JACKSONVILLE FL 32221**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOCKHART, JOHN M
STREET ADDRESS 1002 ACOSTA ST
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE VD ☐ Delete
NAME KRUGER, GERALD
STREET ADDRESS 35 TALLWOOD RD.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE TD ☒ Delete
NAME LYMAN, VAL
STREET ADDRESS 1443 N MARKET ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE SD ☐ Delete
NAME MUELLER, EDWARD R
STREET ADDRESS 4734 EMPIRE AVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete
NAME FURMAN, HERBERT
STREET ADDRESS 8051 LAKELAND ST
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE D ☐ Delete
NAME DAVIS, JAMES C
STREET ADDRESS 610 SE LAKEVIEW DR
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Sharyn Lockhart
STREET ADDRESS 1124 Harmony Dr. North
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Lockhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Lockhart
President
Date March 02, 2005
Daytime Phone # 904-384-7371