


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003943		
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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FURMAN, HERBERT 8051 LAKELAND ST JACKSONVILLE, FL 32221		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKHART, JOHN M 1002 ACOSTA ST JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRUGER, GERALD 35 TALLWOOD RD. JACKSONVILLE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOCKHART, SHARYN 1124 HARMONY DR NORTH JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUELLER, EDWARD R 4734 EMPIRE AVE JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, HERBERT 8051 LAKELAND ST JACKSONVILLE, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES C 610 SE LAKEVIEW DR KEYSTONE HEIGHTS, FL 32656	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John M. Lockhart, President</i> February 21, 2006 904 384-7371 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3207219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/23/06 08:00 AM 70.00

**DO NOT WRITE
IN THIS SPACE**