2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N95000003943

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

Current Principal Place of Business:

8051 LAKELAND ST
JACKSONVILLE, FL 32221

New Principal Place of Business:

1002 ACOSTA STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

P.O. BOX 6625
JACKSONVILLE, FL 322366625 US

New Mailing Address:

FEI Number: 59-3207219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FURMAN, HERBERT
8051 LAKELAND ST
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KRUEGAR, GERALD
Address: 35 TALLWOOD RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: HEFFERN, CONNIE
Address: 13207 FT . CAROLINE RD.6
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete
Name: LOCKHART, SHARYN
Address: 1124 HARMONY DR NORTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD ( ) Delete
Name: MUELLER, EDWARD R
Address: 4734 EMPIRE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: FURMAN, HERBERT
Address: 8051 LAKELAND ST
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: LOCKHART, JOHN M
Address: 1002 ACOSTA ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HEFFERN, CONNIE
Address: 13207 FT . CAROLINE RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD (X) Change ( ) Addition
Name: LOCKHART, SHARYN
Address: 1124 HARMONY DR NORTH
City-St-Zip: ST. JOHNS, FL 32259

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LOCKHART, JOHN M
Address: 1002 ACOSTA ST.
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARYN LOCKHART TD 01/10/2009

Electronic Signature of Signing Officer or Director — Date