

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90241 044 ****70.00

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**

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**

7. Name and Address of New Registered Agent

6. Name and Address of Current 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HARRIS, CHARLES**
STREET ADDRESS **RT 3 BOX 1729**
CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE **PD** ☒ Delete
NAME **HARRIS, CHARLES**
STREET ADDRESS **RT 3 BOX 1729**
CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE **DV** ☐ Delete
NAME **LOCKHART, JOHN M**
STREET ADDRESS **1002 ACOSTA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204-4217**

TITLE **D** ☐ Delete
NAME **ELLISON, L E**
STREET ADDRESS **1672 MISTY LAKE DR**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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**

TITLE **PD** ☒ Change ☐ Addition
NAME **LOCKHART, JOHN M.**
STREET ADDRESS **1002 ACOSTA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VD** ☒ Change ☐ Addition
NAME **ELLISON, L. E.**
STREET ADDRESS **1672 MISTY LAKE DR**
CITY-ST-ZIP **ORANGE PARK, FL 32203**

TITLE **TD** ☐ Change ☒ Addition
NAME **LYMAN, VAL**
STREET ADDRESS **1443 N. MARKET ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE **SD** ☐ Change ☒ Addition
NAME **EDWARD R, MUELLER**
STREET ADDRESS **4734 EMPIRE AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Change ☐ Addition
NAME **FURMAN, HERBERT**
STREET ADDRESS **8051 LAKELAND ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32221**

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

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* **JOHN M. LOCKHART** **FEBRUARY 12, 2003** **904-384-7371**

CR2F037 (10/02)