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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000280 (5)

1. Corporation Name

AMERICAN MERCHANT MARINE VETERANS, OCALA CHAPTER
, INC.

Principal Place of Business

3050 S.E. 157TH LANE ROAD
SUMMERFIELD FL 34491

Mailing Address

3050 S.E. 157TH LANE ROAD
SUMMERFIELD FL 34491-5039



3. Date Incorporated or Qualified
01/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 1036

27 Suite, Apt. #, etc.

28 SUMMERFIELD FL.

29 34491

30 MARION

4. FEI Number
59 3329691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRACKEN, JOSEPH P
3050 S.E. 157TH LANE ROAD
SUMMERFIELD FL 34491

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P. D.

☐ Change ☐ Addition

1.2 NAME

JOHN D VETTER

1.3 STREET ADDRESS

1801 NE 16TH PLACE

1.4 CITY-ST-ZIP

OCALA FL 34470-4669

2.1 TITLE

S.

☐ Change ☐ Addition

2.2 NAME

JOHN P. DAIGNAULT

2.3 STREET ADDRESS

1109 NE 33RD ST.

2.4 CITY-ST-ZIP

OCALA FL 34479

3.1 TITLE

T.

☐ Change ☐ Addition

3.2 NAME

CARL FREY

3.3 STREET ADDRESS

16895 SE 272 CT.

3.4 CITY-ST-ZIP

UMATILLA FL 32784-0330

4.1 TITLE

V.

☐ Change ☐ Addition

4.2 NAME

DEWEY OREN

4.3 STREET ADDRESS

4007 NW 1864 ST.

4.4 CITY-ST-ZIP

NEWBERRY FL 32669

5.1 TITLE

D.

☐ Change ☐ Addition

5.2 NAME

JOSEPH P BRACKEN

5.3 STREET ADDRESS

3050 S.E. 157TH LANE RD.

5.4 CITY-ST-ZIP

SUMMERFIELD FL 34491-5039

6.1 TITLE

D.

☐ Change ☐ Addition

6.2 NAME

CARL HOITGLA

6.3 STREET ADDRESS

22 TEAK WAY

6.4 CITY-ST-ZIP

OCALA FL 34472-9429

14. I do 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.

SIGNATURE: *Joseph P. Bracken* - JOSEPH P. BRACKEN

JAN. 5, 1997 (352) 347 5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0086164

CR2E037 (9/96)