

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90073 045 ****61.25

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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

**P O BOX 5482
OCALA FL 34478-5482
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/16/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3329691

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHN D. VETTER
STREET ADDRESS 1801 NE 16TH PLACE
CITY-ST-ZIP OCALA FL

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**P BYRON KEARBY
9976 SW 182 CIRCLE
Dunnellon, FL 34432-4461**

☐ Change ☒ Addition

TITLE S
NAME JOHN P. DAIGNAULT
STREET ADDRESS 1109 NE 33RD ST.
CITY-ST-ZIP OCALA FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**S JOHN P. DAIGNAULT
1109 NE 33rd STREET
OCALA, FL 34479-2842**

☒ Change ☐ Addition

TITLE T
NAME CARL FREY
STREET ADDRESS 16895 SE 272 CT.
CITY-ST-ZIP UMATILLA FL 32784

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME KEARBY, BYRON
STREET ADDRESS 9975 SW 182ND CIR
CITY-ST-ZIP DUNNELLON FL 34432

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**V CHARLES TROIANO
PO BOX 466
CANDLER, FL 32111**

☐ Change ☒ Addition

TITLE D
NAME JOSEPH P. BRACKEN
STREET ADDRESS 3050 S.E. 157TH LANE RD.
CITY-ST-ZIP SUMMERFIELD FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**D JOSEPH BRACKEN
3050 SE 157TH LANE ROAD
SUMMERFIELD, FL 34491**

☒ Change ☐ Addition

TITLE D
NAME CARL HOITELA
STREET ADDRESS 22 TEAK WAY
CITY-ST-ZIP OCALA FL 34472

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**D JOHN J. VETTER
1801 NW 16TH PLACE
OCALA, FL 34470-4669**

☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99
Date Daytime Phone #

CR2E037 (1/98)