

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 008 ****61.25

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1. Entity 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
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

59-3329691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	D BALSER, GEORGE 9330 S.W. 92ND LANE OCALA FL 34481-8600	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORRIS, HARVEY 8055 N DACCIA TERRACE DUNNELLON FL 34433-5413	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOFTIN, HENRY 1504 N.E. 33RD PLACE OCALA FL 34479-2845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEELE, ADEN 4231 N.E. 22ND COURT OCALA FL 34479-2544	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH P. BRACKEN 3050 S.E. 157TH LANE RD. SUMMERFIELD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCAMY, RICHARD 26002 ZINNIA LANE ASTATULA FL 34705	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH P BRACKEN 3050 S.E. 157TH LANE ROAD SUMMERFIELD FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOFTIN, HENRY 1504 N.E. 33RD PLACE OCALA FL 34479-2845	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRIS HARVEY 8055 N. DACCIA TERRACE DUNNELLON FL 34433-5413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARRY DUNCAN 17970 SE 101ST TERR. SUMMERFIELD FL 34491-7419	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCAMY, RICHARD 26002 ZINNIA LANE ASTATULA FL 34705	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Henry W. Loftin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 2005 (252) 351-1848
Date Daytime Phone #