

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 007 \*\*\*\*61.25

**DOCUMENT # N96000000280**

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**

**50021744**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-3329691**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BALSER, GEORGE**  
CITY-ST-ZIP **9330 S.W. 92ND LANE  
OCALA, FL 344818600**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **BRACKEN, JOSEPH P**  
CITY-ST-ZIP **3050 S E 157TH LANE ROAD  
SUMMERFIELD, FL 34491**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LOFTIN, HENRY**  
CITY-ST-ZIP **1504 N.E. 33RD PLACE  
OCALA, FL 344792845**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HARVEY, MORRIS**  
CITY-ST-ZIP **8055 N DACCA TERRACE  
DUNNELLON, FL 344335413**

TITLE ☐ Change ☐ Addition  
NAME **P. LARRY DUNCAN**  
STREET ADDRESS **17970 SE 101ST TERR**  
CITY-ST-ZIP **SUMMERFIELD FL 344917419**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DUNCAN, LARRY**  
CITY-ST-ZIP **17970 SE 101ST TERR  
SUMMERFIELD, FL 344917419**

TITLE ☒ Change ☐ Addition  
NAME **D. HARVEY, MORRIS**  
STREET ADDRESS **LARRY DUNCAN 8055 N DACCA TERR**  
CITY-ST-ZIP **17970 SE 101ST TERR DUNNELLON FL**  
**SUMMERFIELD FL 344335413**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **MCCAMY, RICHARD**  
CITY-ST-ZIP **26002 ZINNIA LANE  
ASTATULA, FL 34705**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**JOSEPH P. BRACKEN**  
*Joseph P. Bracken*

Date

Daytime Phone #

**7/3/06**