

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90128 027 ****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

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

2. Principal Place of Business

3. Mailing Address

3050 SE 157TH LANE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUMMERFIELD FL

Zip

Country

Zip

Country

34491

MARION

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN D. VETTER	
STREET ADDRESS	1801 NE 16TH PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, HARVEY	
STREET ADDRESS	8055 N Dacca TERRACE	
CITY-ST-ZIP	DUNNELLON FL 34433-5413	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARL FREY	
STREET ADDRESS	16895 SE 272 CT.	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BALSER, GEORGE	
STREET ADDRESS	9330 S.W. 72ND LANE	
CITY-ST-ZIP	OCALA FL 34481-8600	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH P. BRACKEN	
STREET ADDRESS	3050 S.E. 157TH LANE RD.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHIDO, WILLIAM	
STREET ADDRESS	3908 N.E. 22ND LANE	
CITY-ST-ZIP	OCALA FL 34470-3156	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE BALSER	
STREET ADDRESS	9330 SW 92ND LANE	
CITY-ST-ZIP	OCALA FL 34481-8600	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY LOFTIN	
STREET ADDRESS	1504 NE 33RD PLACE	
CITY-ST-ZIP	OCALA FL 34479-2845	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADEN KEELE	
STREET ADDRESS	4231 NE 22ND COURT	
CITY-ST-ZIP	OCALA FL 34479-2544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MCCAMY	
STREET ADDRESS	26002 ZINNIA LANE	
CITY-ST-ZIP	ASTATULA FL 34705-9467	

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:

JOSEPH P. BRACKEN (JOSEPH P. BRACKEN)

1/9/03 (352) 347 5726

CR2E037 (10/02)