



2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008929 1. Entity Name 1ST MARINE DIVISION ASSOCIATION-NORTHEAST FLORIDA CHAPTER, INC.						FILED 11 FEB 11 PM 12:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Principal Place of Business 1344 DOMAS DRIVE JACKSONVILLE, FL 32211			Mailing Address 1344 DOMAS DRIVE JACKSONVILLE, FL 32211									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			02062011 Chg-NP CR2E037 (11/08)							
City & State		City & State			4. FEI Number 03-0375549					Applied For Not Applicable		
Zip	Country		Zip	Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent GILLES, JAMES J 1344 DOMAS DRIVE JACKSONVILLE, FL 32211					7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>												
Filing Fee is \$61.25 Due by May 1, 2011			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$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 <input type="checkbox"/> Delete EKLUND, STEPHEN A 86135 HAMPTON BAYS DRIVE FERNANDINA BEACH, FL 32034			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400193965854 02/11/11--01028--006 **\$61.25							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GAINES, CHARLES H P.O. BOX 6218 FERNANDINA BEACH, FL 32035			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VANAIRSDALE, JAMES B 62 WILLOW DRIVE SAINT AUGUSTINE, FL 32084			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALLABAND, WINFIELD A 616 LITTLE PINEY ISLAND DR. FERNANDINA BEACH, FL 32034			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEARCE, HERBERT R MD 4903 RIVER BASIN DR S JACKSONVILLE, FL 322072111			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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: <u>Stephen A. Eklund</u> <u>Feb. 9, 2011</u> <u>C.214.223.3792</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>												

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