

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90289 008 \*\*\*\*61.25

**DOCUMENT # N0500000922**

1. Entity Name

**JACKSONVILLE MARINE CORPS HALF MARATHON & FREEDOM 5K RUN, INC.**



Principal Place of Business      Mailing Address

2568 HERSCHEL STREET      2568 HERSCHEL STREET  
JACKSONVILLE FL 32204      JACKSONVILLE FL 32204



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For

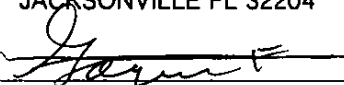
**56-2497389**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HENDRY, GAYWARD F**  
**2568 HERSCHEL STREET**  
**JACKSONVILLE FL 32204**



**7. Name and Address of New Registered Agent**

Name      **N/A**

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      **27 April 2006**

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, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

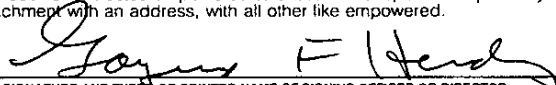
**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRY, GAYWARD F	
STREET ADDRESS	577 BRANSCOMB RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZEL, MARGARET	
STREET ADDRESS	8550 TOUCHTON RD #1733	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, JOY	
STREET ADDRESS	2568 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODATZ, CHRIS	
STREET ADDRESS	986 LAKESIDE DR	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, JOHN	
STREET ADDRESS	13028 NORMEDS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAYHER, LYLE	
STREET ADDRESS	3066 SANS PAREIL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY A. VORPE JR.	
STREET ADDRESS	33 COMARES AVE #103	
CITY-ST-ZIP	ST AUGUSTINE, FLA. 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:            DATE      **27 April 2006**