

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008929

**Entity Name:** 1ST MARINE DIVISION ASSOCIATION-NORTHEAST FLORIDA CHAPTER, INC.

**FILED**  
**Mar 03, 2013**  
**Secretary of State**  
**CC3778221708**

**Current Principal Place of Business:**

1344 DOMAS DRIVE  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

1344 DOMAS DRIVE  
JACKSONVILLE, FL 32211

**FEI Number: 03-0375549**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GILLES, JAMES J  
1344 DOMAS DRIVE  
JACKSONVILLE, FL 32211 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name EKLUND, STEPHEN A  
Address 86135 HAMPTON BAYS DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name WOOLARD, HILTON C.  
Address 10152 LEASURE LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name RIDDLE, NORMAN S.  
Address 3659 CAROLINE VALE BLVD  
City-State-Zip: JACKSONVILLE FL 32277

Title D  
Name ALLABAND, WINFIELD A  
Address 616 LITTLE PINEY ISLAND DR.  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name VANAIRSDALE, JAMES B.  
Address 62 WILLOW DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN A. EKLUND**

**DIRECTOR**

**03/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date