

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000922

**FILED**  
**Mar 01, 2017**  
**Secretary of State**  
**CC5232983303**

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

**Current Principal Place of Business:**

577 BRANSCOMB ROAD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

577 BRANSCOMB ROAD  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number: 56-2497389**

**Certificate of Status Desired: No**

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

HENDRY, GAYWARD F  
577 BRANSCOMB ROAD  
GREEN COVE SPRINGS, FL 32043 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           PRESIDENT  
Name           HENDRY, GAYWARD F  
Address        577 BRANSCOMB RD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title           D  
Name           HAMILTON, JOY  
Address        2568 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title           D  
Name           RODATZ, CHRIS  
Address        986 LAKESIDE DR  
City-State-Zip: ORANGE PARK FL 32065

Title           D  
Name           WINKLER, JOHN  
Address        13028 NORMEDS RD  
City-State-Zip: JACKSONVILLE FL 32223

Title           DIRECTOR  
Name           LAYHER, LYLE  
Address        3066 SANS PAREIL STREET  
City-State-Zip: JACKSONVILLE FL 32246

Title           VP  
Name           LUNDIN, NICKLOS  
Address        700 INDIGO RUN DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title           TREASURER  
Name           IOVINELLI, JOSEPH  
Address        948 BONAPARTE LANDING COURT  
City-State-Zip: JACKSONVILLE FL 32218

Title           SECRETARY  
Name           BORGIO, JENNIFER  
Address        234 CORNWALL DRIVE  
City-State-Zip: PONTE VEDRA FL 32081

**Continues on page 2**

*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: GAYWARD F HENDRY**

**PRESIDENT**

**03/01/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PARKER, JOHN  
Address 422 SANWICK DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR  
Name SHOCKLEY, JOHN  
Address 2124 ROMEO POINT LANE  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name O'BRIEN, MICHAEL  
Address P O BOX 108  
BUILDING 1050, NAS  
City-State-Zip: JACKSONVILLE FL 32212