

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000922

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

FILED
Mar 07, 2016
Secretary of State
CC4585439752

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

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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

03/07/2016

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