

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004256

Entity Name: MALCOLM B. MACLEAN DETACHMENT 1144, INC.**Current Principal Place of Business:**510 SOUTH ALABAMA AVE.
DELAND, FL 32724**Current Mailing Address:**P.O. BOX 3068
DELAND, FL 32721**FEI Number:** 35-2216893**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERT, CHADDOCK E
510 SOUTH ALABAMA AVE
DELAND, FL 32724 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	CMDT
Name	CHADDOCK, ROBERT
Address	PO BOX 3068
City-State-Zip:	DELAND FL 32721

Title	SV
Name	GREEN, BOB
Address	PO BOX 3068
City-State-Zip:	DELAND FL 32721

Title	JV
Name	SATTERFIELD, ED
Address	PO BOX 3068
City-State-Zip:	DELAND FL 32721

Title	PM
Name	CRICHE, RICHARD
Address	PO BOX 3068
City-State-Zip:	DELAND FL 32721

Title	JA
Name	HAWKINS, ELMER
Address	510 SOUTH ALABAMA AVE.
City-State-Zip:	DELAND FL 32724

Title	ADJ
Name	CRICHE, RICHARD
Address	510 SOUTH ALABAMA AVE.
City-State-Zip:	DELAND FL 32724

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: ROBERT CHADDOCK**COMMANDANT****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date