

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

DOCUMENT# N12000006414

**Entity Name:** FORWARD MARCH, INC.

**Current Principal Place of Business:**

4009 MOULTRIE FORESIDE BLVD ST  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

4009 MOULTRIE FORESIDE BLVD ST  
ST AUGUSTINE, FL 32086 US

**FEI Number:** 80-0831327

**Certificate of Status Desired:** No

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

WIECKING, CHARLES M JR  
1453 CORUNNA STREET  
ST AUGUSTINE, FL 32080 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 PD  
Name BIRCHALL, RONALD E  
Address 4009 MOULTRIE FORESIDE BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

Title STD  
Name BIRCHALL, NANCY C  
Address 4009 MOULTRIE FORESIDE BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

Title DIRECTOR  
Name COWAN, CARY MR.  
Address 136 MALAGA STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name DAY, THOMAS MR.  
Address 19 SARAGOSSA STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name GLENOS, KAREN MRS.  
Address 107 INLET DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name PELLICER, LEONARD DR.  
Address 31 SPANISH STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name QUINN, RAY SGM  
Address 1097 WINTERHAWK DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name SULLIVAN, DANIEL MR.  
Address 60 WATER STREET  
City-State-Zip: ST. AUGUSTINE FL 32080

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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:** RONALD E. BIRCHALL

**PRESIDENT**

**01/20/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCNEES, BARBARA MRS.  
Address 35213 HARBOUR VISTA CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name MOORHOUSE, LEIGH MRS.  
Address 406 ROYAL TURN ROAD SOUTH  
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR  
Name SULLIVAN, HELENE MRS.  
Address 60 WATER STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name MCNEES, WILLIAM MR.  
Address 35213 HARBOUR VISTA CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name SIMPSON, ALISON MRS.  
Address 16 SANDPIPER DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name KELLER, BRIAN MR.  
Address 7990 A1A SOUTH  
205  
City-State-Zip: ST. AUGUSTINE FL 32080