

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90026 014 \*\*\*\*61.25

DOCUMENT # N01000008929

1. Entity Name

1ST MARINE DIVISION ASSOCIATION-NORTHEAST  
FLORIDA CHAPTER, INC.



Principal Place of Business

3453 S BOWDEN RD  
JACKSONVILLE FL 32216

Mailing Address

3453 S BOWDEN RD  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

03-0375549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLOUGH, GARLAND A  
3453 S BOWDEN RD  
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DOSH, ROBERT  
STREET ADDRESS 1121 SANTIAGO DR.  
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ALLEN, WESTLEY JR  
STREET ADDRESS 402 LOWER 8TH AVE SO APT 1  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250-5275

TITLE D ☐ Change ☒ Addition  
NAME WOODARD, PRESTON  
STREET ADDRESS 1172 U S HWY 19 S  
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☒ Delete  
NAME MCCOLLOUGH, GARLAND A  
STREET ADDRESS 3453 S BOWDEN RD  
CITY-ST-ZIP JACKSONVILLE FL 32216-6216

TITLE D ☐ Change ☒ Addition  
NAME HOUSTON, ROBERT A  
STREET ADDRESS 3219-COUNTRY-OAKS-DR  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE D ☐ Delete  
NAME ALLABAND, WINFIELD A  
STREET ADDRESS 616 LITTLE PINEY ISLAND DR.  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PEARCE, HERBERT R MD  
STREET ADDRESS 4903 RIVER BASIN DR S  
CITY-ST-ZIP JACKSONVILLE FL 32207-2111

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. HOUSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2Feb05

(904) 269-9176

Date Daytime Phone #