

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 012 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
03-0375549

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, NORMAN S	
STREET ADDRESS	3653 CAROLINE VALE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, CHARLES H	
STREET ADDRESS	P.O. BOX 6218	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANAIRSDALE, JAMES B	
STREET ADDRESS	62 WILLOW DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLABAND, WINFIELD A	
STREET ADDRESS	616 LITTLE PINEY ISLAND DR.	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARCE, HERBERT R MD	
STREET ADDRESS	4903 RIVER BASIN DR S	
CITY-ST-ZIP	JACKSONVILLE, FL 322072111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSH, ROBERT L.	
STREET ADDRESS	1121 SANTIGO DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Herbert R. Pearce* **Herbert R. Pearce** 02/14/08 (904) 396-9917
Date Daytime Phone #