2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N01000008929

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

Current Principal Place of Business:

3453 S BOWDEN RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3453 S BOWDEN RD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 03-0375549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOLLOUGH, GARLAND A
3453 S BOWDEN RD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOSH, ROBERT L
Address: 1121 SANTIGO DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: GAINES, CHARLES H
Address: P.O. BOX 6218
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D ( ) Delete
Name: VANAIRSDALE, JAMES B
Address: 62 WILLOW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: ALLABAND, WINFIELD A
Address: 616 LITTLE PINEY ISLAND DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: PEARCE, HERBERT R MD
Address: 4903 RIVER BASIN DR S
City-St-Zip: JACKSONVILLE, FL 322072111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERBERT R PEARCE D 04/24/2009

Electronic Signature of Signing Officer or Director — Date