


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90289 008 \*\*\*\*61.25

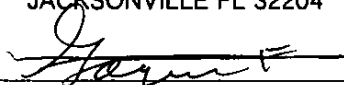
|   |  |   |
|---|--|---|
| <b>DOCUMENT # N05000000922</b>  |  |  |
| 1. Entity Name<br><b>JACKSONVILLE MARINE CORPS HALF MARATHON &amp; FREEDOM 5K RUN, INC.</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2568 HERSCHEL STREET<br/>JACKSONVILLE FL 32204</b> | Mailing Address<br><b>2568 HERSCHEL STREET<br/>JACKSONVILLE FL 32204</b> |
|--|--|

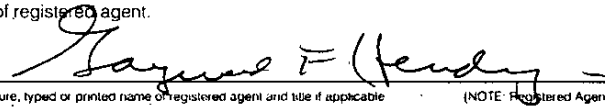


|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |

1st MOORE CR2E037 (10/05)

|   |  |   |
|---|--|---|
| 4. FEI Number<br><b>54-2497389</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |
| 6. Name and Address of Current Registered Agent<br><b>HENDRY, GAYWARD F<br/>2568 HERSCHEL STREET<br/>JACKSONVILLE FL 32204</b><br> |  | 7. Name and Address of New Registered Agent<br>Name <b>N/A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |

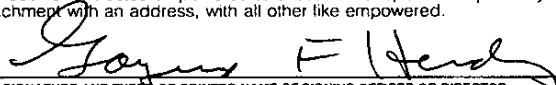
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **27 April 2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HENDRY, GAYWARD F<br/>577 BRANSCOMB RD<br/>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director<br/>HENRY A. VORPE JR.<br/>33 COMARES AVE #103<br/>ST AUGUSTINE, FLA. 32080</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WEITZEL, MARGARET<br/>8550 TOUCHTON RD #1733<br/>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HAMILTON, JOY<br/>2568 HERSCHEL STREET<br/>JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RODATZ, CHRIS<br/>986 LAKESIDE DR<br/>ORANGE PARK FL 32065</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WINKLER, JOHN<br/>13028 NORMEDS RD<br/>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LAYHER, LYLE<br/>3066 SANS PAREIL STREET<br/>JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **27 April 2006**