

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007593

**Entity Name:** MARK ALLEN OCHKIE JR. MEMORIAL FOUNDATION INC.

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC1059782326**

**Current Principal Place of Business:**

384 DUSTY ROAD  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

384 DUSTY ROAD  
SAINT AUGUSTINE, FL 32095

**FEI Number: 46-3694044**

**Certificate of Status Desired: No**

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

WILSON, SEAN D  
384 DUSTY ROAD  
SAINT AUGUSTINE, FL 32905 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 P  
Name WILSON, SEAN D  
Address 384 DUSTY ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title VP  
Name OCHKIE, MARK A SR.  
Address 809 PINE PARK LANE  
City-State-Zip: SAINT AUGUSITNE FL 32084

Title SEC  
Name WILSON, CHRISTINE M  
Address 384 DUSTY ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title TRES  
Name OCHKIE, MICHAL F  
Address 809 PINE PARK LANE  
City-State-Zip: SAINT AUGUSITNE FL 32084

Title TRES  
Name KELLERMAN, JACOB H  
Address 1460 STOCKBRIDGE LANE  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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: CHRISTINE WILSON**

**SECRETARY**

**05/01/2014**

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

\_\_\_\_\_  
Date