

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 21

DOCUMENT # 765317 (3)

1. Corporation Name
SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETE
RANS, DEPARTMENT OF FLORIDA, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9892 S.E. 58TH AVENUE 9892 S.E. 58TH AVENUE
P O BOX 3156 P O BOX 3156
BELLEVIEW FL 34421 BELLEVIEW FL 34421
US US

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1982	01/20/1994
4. FEI Number	Applied For
59-2299313	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
25	30

9. Name and Address of Current Registered Agent
CRUCE, JAMES E.
10631 S.E. 52ND COURT
BELLEVIEW FL 32620

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE JAMES E. CRUCE *James E. Cruce* DATE 1-21-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MELVILLE, ROBERT F.
STREET ADDRESS	13507 S.W. 43RD CIR.
CITY-ST-ZIP	OCALA FL
TITLE	V
NAME	CRUCE, JAMES E.
STREET ADDRESS	10631 S.E. 52ND CT.
CITY-ST-ZIP	BELLEVIEW FL
TITLE	D
NAME	MILLER, ALBERT
STREET ADDRESS	2415 N.E. 7TH ST., #9
CITY-ST-ZIP	OCALA FL
TITLE	T
NAME	MURRAY, GEO
STREET ADDRESS	14260 SE 80TH AVE
CITY-ST-ZIP	SUMMERFIELD FL
TITLE	D
NAME	PARENT, RAYMOND A
STREET ADDRESS	14141 SS 02 CT
CITY-ST-ZIP	SUMMERFIELD FL
TITLE	D
NAME	MICHEL, CHARLES
STREET ADDRESS	8533 126TH PL
CITY-ST-ZIP	BELLEVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT F. MELVILLE TRES. ADJUTANT *Robert F. Melville* DATE 1-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-347-1112
904-347-1112