

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765317 (3)

1. Corporation Name

SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED



Principal Place of Business

Mailing Address

9892 S.E. 58TH AVENUE  
P O BOX 3156  
BELLEVIEW FL 34421  
US

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P O BOX 3156  
BELLEVIEW FL 34421  
US

3. Date Incorporated or Qualified: 10/07/1982  
3a. Date of Last Report: 01/30/1995

|    |                                |    |                     |   |  |                                |
|----|--------------------------------|----|---------------------|---|--|--------------------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address     | 4 | FEI Number   | Applied For                    |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |   | 59-2299313   | Not Applicable                 |
| 22 | City & State                   | 27 | City & State        | 5 | Certificate of Status Desired  | \$8.75 Additional Fee Required |
|    |                                |    |                     |   | <input type="checkbox"/>   |                                |
| 23 | Zip                            | 28 | Country             | 6 | Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
|    |                                |    |                     |   | <input type="checkbox"/>   |                                |
| 24 | Country                        | 29 | Country             | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
|    |                                |    |                     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |                                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUCE, JAMES E.  
10631 S.E. 52ND COURT  
BELLEVIEW FL 32620

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| FL | 85 Zip Code  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | P MELVILLE, ROBERT F.           | 1.2 NAME  |   |
| STREET ADDRESS             | 13507 S.W. 43RD CIR.            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | V CRUCE, JAMES E.               | 2.2 NAME  |   |
| STREET ADDRESS             | 10631 S.E. 52ND CT.             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BELLEVIEW FL                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | D MILLER, ALBERT                | 3.2 NAME  |   |
| STREET ADDRESS             | 2415 N.E. 7TH ST., #9           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | T MURRAY, GEO                   | 4.2 NAME  |   |
| STREET ADDRESS             | 14260 SE 80TH AVE               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUMMERFIELD FL                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | D PARENT, RAYMOND A             | 5.2 NAME  |   |
| STREET ADDRESS             | 14141 SS 92 CT                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUMMERFIELD FL                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | D MICHEL, CHARLES               | 6.2 NAME  |   |
| STREET ADDRESS             | 8533 128TH PL                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BELLEVIEW FL                    | 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 TREAS. 1-27-96 352-247-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)