


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765317 (3)**  
1. Corporation Name  
**SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED**



Principal Place of Business <b>9992 S.E. 58TH AVENUE P O BOX 3156 BELLEVUE FL 34421 US</b>	Mailing Address <b>9992 S.E. 58TH AVENUE P O BOX 3156 BELLEVUE FL 34421 US</b>
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3. Date Incorporated or Qualified <b>10/07/1982</b>	
4. FEI Number <b>59-2299313</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CRUCE, JAMES E.  
10631 S.E. 52ND COURT  
BELLEVUE 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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>MELVILLE, ROBERT F.</del>		1.2 NAME <b>Lindsay Goode</b>	
STREET ADDRESS <del>13507 G.W. 49RD CIR.</del>		1.3 STREET ADDRESS <b>12213 S.E. 90th ct</b>	
CITY-ST-ZIP <del>OCALA FL</del>		1.4 CITY-ST-ZIP <b>Silver Springs, FL 34488</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRUCE, JAMES E.</b>		2.2 NAME	
STREET ADDRESS <b>10631 S.E. 52ND CT.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BELLEVUE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, ALBERT</b>		3.2 NAME	
STREET ADDRESS <b>2415 N.E. 7TH ST., #8</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>MURRAY, GEO</del>		4.2 NAME <b>PEARLE EVANS</b>	
STREET ADDRESS <del>14200 SE 80TH AVE</del>		4.3 STREET ADDRESS <b>9901 S.E. Highway 314 Lot 7D</b>	
CITY-ST-ZIP <del>SUMMERFIELD FL</del>		4.4 CITY-ST-ZIP <b>Silver Springs, FL 34488</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>PARENT, RAYMOND A</del>		5.2 NAME	
STREET ADDRESS <del>14141 OS 92 CT</del>		5.3 STREET ADDRESS	
CITY-ST-ZIP <del>SUMMERFIELD FL</del>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHEL, CHARLES</b>		6.2 NAME	
STREET ADDRESS <b>8533 126TH PL</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BELLEVUE FL</b>		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/5/98 TECAS*

CP2E037 (10/97)