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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765317

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

98233 - 90135 - 41

Principal Place of Business 9892 S.E. 58TH AVENUE P O BOX 3156 BELLEVIEW FL 34421 US	Mailing Address 9892 S.E. 58TH AVENUE P O BOX 3156 BELLEVIEW FL 34421 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/07/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2299313
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOODE, LINDSAY	
STREET ADDRESS	12213 S.E. 97TH CT.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRUCE, JAMES E.	
STREET ADDRESS	10631 S.E. 52ND CT.	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ALBERT	
STREET ADDRESS	2415 N.E. 7TH ST., #9	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EVANS, PEARLE	
STREET ADDRESS	9901 S.E. HIGHWAY 314 LOT 7D	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHEL, CHARLES	
STREET ADDRESS	8533 126TH PL	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COMMANDER
1.3 STREET ADDRESS	ANTHONY F. PERRI
1.4 CITY-ST-ZIP	3 JUNIPER PASS LN, OCALA, FLORIDA 34480
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	TREASURER
3.3 STREET ADDRESS	ROBERT F. MELVILLE
3.4 CITY-ST-ZIP	13507 SW.43 CIRCLE OCALA, FLA. 34473
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 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, with all other like empowered.

SIGNATURE: **ANTHONY F. PERRI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date Daytime Phone # **245-1858**

CR2E037 (1/98)