

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90007 014 ****61.25

DOCUMENT # 765317 1. Entity Name SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED					
Principal Place of Business 9636 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2299313	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALFANO, JOSEPH 3809 SE 3RD STREET OCALA FL 34471				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Joseph Alfano</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <u>Jan 31, 2004</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASKELL, RICHARD M 1044 SW 62ND TERRACE OCALA FL 34476	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anthony F Perri 3 Juniper Lane Ocala FL 33480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUCE, JAMES E. 10631 S.E. 52ND CT. BELLEVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFANO, JOSEPH 3809 SE 3RD ST OCALA FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALPIN, JOHN C 50 SEPECAN COURSE CIR OCALA FL 34472	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John N Heasty 9441 SW 30 Terrace Ocala FL 34476	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEL, CHARLES 8533 126TH PL BELLEVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joseph Alfano</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>Jan 31 2004</u> Daytime Phone # <u>352-245 9080</u>		