


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------



01072008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2299313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALFANO, JOSEPH
 3809 SE 3RD STREET
 OCALA, FL 34471**

DO NOT WRITE IN THIS SPACE

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: *Joseph Alfano* DATE: **Jan 21, 06**

Signature, typed or printed name of registered agent applies if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERRI, ANTHONY F. 3 JUNIPER LANE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUCE, JAMES E. 10631 S.E. 52ND CT. BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEASTY, JOHN N 9441 SW 30 TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCALPIN, JOHN C 50 SEPECAN COURSE CIR OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHEL, CHARLES 8533 126TH PL BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

00000401430
 02/02/06-80044-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joseph Alfano* DATE: **Jan 21, 06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR