


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 765317</b>	
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
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01062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2299313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 128TH PL BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000578670  
 01/09/07-80038-017 61.25

**DO NOT WRITE IN THIS SPACE**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 2007  
Date Daytime Phone #