


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 07, 2008 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

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

| | | |
|---|---|--|
| Filing Fee Is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000775406 01/08/08-80027-024 61.25 |
|---|---|--|

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. 10831 S.E. 52ND CT. BELLEVIEW, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T HEASTY, JOHN N 8441 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

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* **Joseph Alfano** *Jan. 5 2008*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #