

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 765317

Entity Name: SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Current Principal Place of Business:

9636 S.E. 58TH AVENUE
P O BOX 3156
BELLEVIEW, FL 34421 US

New Principal Place of Business:

9636 S.E. 58TH AVENUE
BELLEVIEW, FL 34421 US

Current Mailing Address:

9892 S.E. 58TH AVENUE
P O BOX 3156
BELLEVIEW, FL 34421 US

New Mailing Address:

9636 S.E. 58TH AVENUE
P O BOX 3156
BELLEVIEW, FL 34421 US

FEI Number: 59-2299313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PERRI, ANTHONY F
Address: 3 JUNIPER LANE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: CRUCE, JAMES E.,
Address: 10631 S.E. 52ND CT.
City-St-Zip: BELLEVIEW, FL

Title: T () Delete
Name: HEASTY, JOHN N
Address: 9441 SW 30 TERRACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MCALPIN, JOHN C
Address: 50 SEPECAN COURSE CIR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: MICHEL, CHARLES,
Address: 8533 126TH PL
City-St-Zip: BELLEVIEW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ALFANO

ADJU

01/10/2009

Electronic Signature of Signing Officer or Director

Date