

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
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
BELLEVIEW, FL 34421 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: PERRI, ANTHONY F
Address: 3 JUNIPER LANE
City-St-Zip: Ocala, FL 33480

Title: T
Name: GAROFALO, CARMINE A
Address: 7937 SW 115TH LOOK
City-St-Zip: Ocala, FL 34476

Title: T
Name: MASKELL, DICK
Address: 10744 SW 63ND TERR.
City-St-Zip: Ocala, FL 34476

Title: D
Name: MCALPIN, JOHN C
Address: 10790 SW 62ND TERR.
City-St-Zip: Ocala, FL 34476

Title: D
Name: MICHEL, CHARLES
Address: 8533 SE 126TH PL
City-St-Zip: BELLEVIEW, FL 34420

Title: D
Name: PROULX, DANIEL SR
Address: 10901 S.E. 131 PLACE
City-St-Zip: OCKLAWAHA, FL 32179

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH ALFANO

ADJU

03/22/2012

Electronic Signature of Signing Officer or Director

Date