
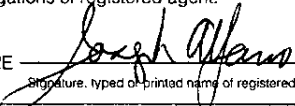
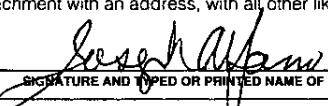


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90007 014 ****61.25

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2299313 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALFANO, JOSEPH 3809 SE 3RD STREET OCALA FL 34471			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE Jan 31, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T Anthony F Perri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASKELL, RICHARD M		NAME	3 Juniper Lane	
STREET ADDRESS	1044 SW 62ND TERRACE		STREET ADDRESS	Ocala FL 33480	
CITY-ST-ZIP	OCALA FL 34476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUCE, JAMES E.		NAME		
STREET ADDRESS	10631 S.E. 52ND CT.		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALFANO, JOSEPH		NAME		
STREET ADDRESS	3809 SE 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T John N Heasty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCALPIN, JOHN C		NAME	9441 SW 30 Terrace	
STREET ADDRESS	50 SEPECAN COURSE CIR		STREET ADDRESS	Ocala FL 34476	
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHEL, CHARLES		NAME		
STREET ADDRESS	8533 126TH PL		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE Jan 31 2004 352-245 9080 <small>Date Daytime Phone #</small>		