

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765317

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

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**3647215847CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2299313**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADAMS, WILLIE E  
9636 SE 58TH AVE  
PO BOX 3156  
BELLEVIEW, FL US

*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:** WILLIE E ADAMS

**01/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	COMMANDER
Name	LUDWICK, ROBERT	Name	SOUTH MARION CHAPTER 85
Address	5432 PECAN ROAD	Address	5844 NE 61ST AVE RD
City-State-Zip:	OCALA FL 34472	City-State-Zip:	SILVER SPRING FL 34488
Title	COMMANDER		
Name	KORNEGAY, ALONZO		
Address	5844 NE 61ST AVE RD		
City-State-Zip:	SILVER SPRINGS FL 34488		

*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:** WILLIE ADAMS

**TREASURER**

**01/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date