

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765317

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC8940314814**

**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

**Current Mailing Address:**

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

**FEI Number: 59-2299313**

**Certificate of Status Desired: Yes**

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

ALFANO, JOSEPH  
3809 SE 3RD STREET  
OCALA, FL 34471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title D  
Name PROULX, DANIEL SR  
Address 10901 S.E. 131 PLACE  
City-State-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**

**ADJUTANT**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date