

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765317

**FILED
Mar 05, 2014
Secretary of State
CC1618643174**

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

Title ADJUTANT
Name ALFANO, JOSEPH SR.
Address 9636 S.E. 58TH AVENUE
P O BOX 3156
City-State-Zip: Belleview FL 34421

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: ALFANO JOSEPH

ADJUTANT

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date