Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE E ADAMS

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL	_
<u>REPORT</u>	

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

Current Mailing Address:

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

FEI Number: 59-2299313

Name and Address of Current Registered Agent:

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

FILED Feb 11, 2020 Secretary of State 8070261609CC

Certificate of Status Desired: No

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	E: WILLIE E ADAMS			02/11/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	D	Title	COMMANDER		
Name	LUDWICK, ROBERT	Name	SOUTH MARION CHAPTER 85	i	
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

> 02/11/2020 TREASURER

Date