

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765317

**Entity Name:** SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC1618643174****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:	OCLAWAHA 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