

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # 765317</b>   |  |
| 1. Entity Name<br><b>SOUTH MARION CHAPTER #85, DISABLED AMERICAN<br/>VETERANS, DEPARTMENT OF FLORIDA,<br/>INCORPORATED</b> |  |
| Principal Place of Business<br><b>9636 S.E. 58TH AVENUE<br/>P O BOX 3156<br/>BELLEVUE, FL 34421 US</b>                     | Mailing Address<br><b>9892 S.E. 58TH AVENUE<br/>P O BOX 3156<br/>BELLEVUE, FL 34421 US</b> |



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2299313</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000775406  
01/08/08-80027-024 61.25**

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | T                     |
| NAME           | PERRI, ANTHONY F      |
| STREET ADDRESS | 3 JUNIPER LANE        |
| CITY-ST-ZIP    | PALM BEACH, FL 33480  |
| TITLE          | D                     |
| NAME           | CRUCE, JAMES E.       |
| STREET ADDRESS | 10631 S.E. 52ND CT.   |
| CITY-ST-ZIP    | BELLEVUE, FL          |
| TITLE          | T                     |
| NAME           | HEASTY, JOHN N        |
| STREET ADDRESS | 8441 SW 30 TERRACE    |
| CITY-ST-ZIP    | OCALA, FL 34471       |
| TITLE          | D                     |
| NAME           | MCALPIN, JOHN C       |
| STREET ADDRESS | 50 SEPECAN COURSE CIR |
| CITY-ST-ZIP    | OCALA, FL 34472       |
| TITLE          | D                     |
| NAME           | MICHEL, CHARLES       |
| STREET ADDRESS | 8533 126TH PL         |
| CITY-ST-ZIP    | BELLEVUE, FL          |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joseph Alfano* **Joseph Alfano**

*Jan. 5 2008*

Date Daytime Phone #