2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006106

1. Entity Name
MARION COUNTY VETERANS HELPING VETERANS, INC.

Principal Place of Business	Mailing Address
1515 EAST SILVER SPRINGS BOULEVARD SUITE 115 OCALA, FL 34470	1515 EAST SILVER SPRINGS BOULEVARD SUITE 115 OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

07312006 No Chg-NP CR2E037 (4/06)

4. FEI Number
52-2371848

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALFANO, JOSEPH
1515 EAST SILVER SPRINGS BOULEVARD
SUITE 115
OCALA, FL 34470

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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 Joseph Alfano Joseph Alfano 8-6-06
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 September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ALFANO, JOSEPH
STREET ADDRESS	3809 SE RD ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VC
NAME	POOLE, EUGENE A
STREET ADDRESS	12500 NW 97TH PL
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	CHILES, ROBERT A
STREET ADDRESS	2116 NE 43RD STREET
CITY-ST-ZIP	OCALA, FL 34479
TITLE	D
NAME	FOWLER, ROBERT H
STREET ADDRESS	5303 NW 61ST LANE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	TD
NAME	ROSE, JOHN W
STREET ADDRESS	12410 SE 97TH AVE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/08/06-80005-004.61.25

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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: John W. Rose JOHN W. ROSE 8-7-06 (352) 307-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #