

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006106**

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



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

Mailing Address  
**1515 EAST SILVER SPRINGS BOULEVARD  
SUITE 115  
OCALA, FL 34470**



01042007 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**

**DO NOT WRITE IN THIS SPACE**

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

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

**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

*Joseph Alfano*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan 2007*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000578957  
01/09/07-80049-022 61.25**

**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	

**DO NOT WRITE  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 2007*  
Date

*352  
401-9788*  
Daytime Phone #