2007 NOT-FÖR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000006106

1. Entity Name

MARION COUNTY VETERANS HELPING VETERANS,

INC.

Principal Place of Business

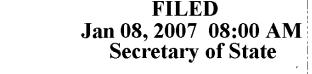
Mailing Address

1515 EAST SILVER SPRINGS BOULEVARD

1515 EAST SILVER SPRINGS BOULEVARD SUITE 115

SUITE 115 OCALA, FL 34470

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 Regulred

Name and Address of Current Registered Agent
ALFANO, JOSEPH

SUITE 115 OCALA, FL 34470 DO NOT WRITE IN THIS SPACE

		D	. B	The transfer of the second sec
8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent	, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			
	GNATURE Seese A Assaus		2/2 2	3 0000
SI	GNATURE CONTROL WARREN		Van	200 /

(NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25

1515 EAST SILVER SPRINGS BOULEVARD

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees 000000578957 01/09/07-80049-022 61,25

	Due by May 1, 2007	Trust Fund Contribution.			
10.	OFFICERS AND DIRECTORS				
TITLE NAME · STREET ADDRESS CITY-ST-ZIP	C ALFANO, JOSEPH 3809 SE RD ST OCALA, FL 34471				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POOLE, EUGENE A 12500 NW 97TH PL OCALA, FL 34482				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILES, ROBERT A 2116 NE 43RD STREET OCALA, FL 34479	. ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, ROBERT H 5303 NW 61ST LANE OCALA, FL 34482				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, JOHN W 12410 SE 97TH AVE BELLEVIEW, FL 34420				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hareby certify that the information symplical with this filing door not qualify for the over					

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12. I hereby certify that the information supplied with this filling 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 oat; that I em an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with practices, with all other like sinpowered.

SIGNATURE

MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

-Van

2007

907-7783 Daysime Phone #