

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006106

FILED
Jan 12, 2009
Secretary of State

Entity Name: MARION COUNTY VETERANS HELPING VETERANS, INC.

Current Principal Place of Business:

1515 EAST SILVER SPRINGS BOULEVARD
SUITE 115
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1515 EAST SILVER SPRINGS BOULEVARD
SUITE 115
OCALA, FL 34470

New Mailing Address:

FEI Number: 52-2371848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ALFANO, JOSEPH
Address: 3809 SE RD ST
City-St-Zip: OCALA, FL 34471

Title: VC () Delete
Name: POOLE, EUGENE A
Address: 12500 NW 97TH PL
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: CHILES, ROBERT A
Address: 2116 NE 43RD STREET
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: FOWLER, ROBERT H
Address: 5303 NW 61ST LANE
City-St-Zip: OCALA, FL 34482

Title: TD () Delete
Name: ROSE, JOHN W
Address: 12410 SE 97TH AVE
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH ALFANO

DIRE

01/12/2009

Electronic Signature of Signing Officer or Director

Date