2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006106

FILED Feb 23, 2011 Secretary of State

Entity Name: MARION COUNTY VETERANS HELPING VETERANS, INC.

Current Principal Place of Business: New Principal Place of Business:

1515 EAST SILVER SPRINGS BOULEVARD

SUITE 115

OCALA, FL 34470

Current Mailing Address: New Mailing Address:

1515 EAST SILVER SPRINGS BOULEVARD SUITE 115 OCALA, FL 34470

FEI Number: 52-2371848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Γitle: C

Name: ALFANO, JOSEPH Address: 3809 SE RD ST City-St-Zip: OCALA, FL 34471

Title: VC

Name: POOLE, EUGENE A Address: 12500 NW 97TH PL City-St-Zip: OCALA, FL 34482

Title:

Name: CHILES, ROBERT A
Address: 2116 NE 43RD STREET
City-St-Zip: OCALA, FL 34479

Title:

Name: DEAKINS, JOHN P

Address: 9395 S.W. 186TH TERRACE City-St-Zip: DUNNELLON, FL 34432

Title: TD

Name: ROSE, JOHN W
Address: 12410 SE 97TH AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: [

 Name:
 WILLIAMS, DONALD

 Address:
 1821 N.E. 5TH AVE

 City-St-Zip:
 OCALA, FL 34470

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH ALFANO C 02/23/2011