

FILE NOW: FILING FEE IS \$61.25

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97 MAR 17 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moore</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 729289 (9)</b> 1. Corporation Name <b>SSGT. WILLIAM E. HILL, CHAPTER #87, DISABLED AMERICAN VETERANS INCORPORATION</b>
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Principal Place of Business <b>P.O. BOX 2236 PO BOX 2236 LEESBURG FL 34749 US</b>	Mailing Address <b>P.O. BOX 2236 PO BOX 2236 LEESBURG FL 34749 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>04/08/1974</b>	3a. Date of Last Report <b>02/19/1996</b>
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4. FEI Number <b>59-6211869</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>TRACY, FRANK 33343 SOMMERSET DR. LEESBURG FL 34788</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	TRACY, FRANK
STREET ADDRESS	33343 SOMERSET DR
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input type="checkbox"/> DELETE
NAME	CLIPPERT, EMORY C.
STREET ADDRESS	1113 RICARDO AVE
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	D <input type="checkbox"/> DELETE
NAME	SULLIVAN, ROGER H
STREET ADDRESS	918 CHULA COURT
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	T <input type="checkbox"/> DELETE
NAME	PROCTOR, CLIFF
STREET ADDRESS	PO BOX 694
CITY-ST-ZIP	TAVARES FL 32778
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*A. Alan*  
3/17/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)