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Feb 25, 1999 8:00 am
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02-25-1999 90092 036 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729289

1. Corporation Name

SSGT. WILLIAM E. HILL, CHAPTER #87, DISABLED AMERICAN VETERANS INCORPORATION

119953 - 90092 - 36

Principal Place of Business

Mailing Address

P.O. BOX 2236
 LEESBURG FL 34749
 US

P.O. BOX 2236
 LEESBURG FL 34749
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/08/1974

22 City & State

27 City & State

4. FEI Number
 59-6122869

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRACY, FRANK
 33343 SOMMERSET DR.
 LEESBURG FL 34788

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Frank Tracy*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC DELETE
 NAME TRACY, FRANK
 STREET ADDRESS 33343 SOMERSET DR
 CITY-ST-ZIP LEESBURG FL 34788

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME CLIPPERT, EMORY C.
 STREET ADDRESS 1113 RICARDO AVE
 CITY-ST-ZIP LADY LAKE FL 32159

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME SULLIVAN, ROGER H
 STREET ADDRESS 918 CHULA COURT
 CITY-ST-ZIP LADY LAKE FL 32159

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE T DELETE
 NAME PROCTOR, CLIFF
 STREET ADDRESS P.O. BOX 694 N/A
 CITY-ST-ZIP TAVARES FL 32778

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

D
 DON L HARTPENCE
 37353 LEGGETT LANE
 LADY LAKE FL 32159

14. I 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, with all other like empowered.

SIGNATURE:

Frank Tracy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 (352) 725-5998
 Date Daytime Phone #

CF-2E037 (1/98)