2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 729289

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

Principal Place of Business	Mailing Address
P.O. BOX 2236 LEESBURG, FL 34749 US	P.O. BOX 2236 LEESBURG, FL 34749 US

01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6122869
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRACY, FRANK
33343 SOMMERSET DR.
LEESBURG, FL 34788

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000201048
01/28/05-80049-023 70.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	TRACY, FRANK
STREET ADDRESS	33343 SOMERSET DR
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	D
NAME	CLIPPERT, EMORY C.
STREET ADDRESS	1013 RICARDO AVE
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	D
NAME	SULLIVAN, ROGER H
STREET ADDRESS	918 CHULA COURT
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	D
NAME	SACCOMAGNO, ALBERT
STREET ADDRESS	1012 PERKINS STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	T
NAME	CLEMENT, BOWEN F
STREET ADDRESS	2934 GRIFFINVIEW DR
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Tracy 1-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #