## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90092 042 \*\*\*\*70.00

DOCUMENT # 729289	
1. Entity Name	AL LA
SSGŤ. WILLIAM E. HILL, CHAPTER #87, DISABLED	
AMERICAN VETERANS INCORPORATION	13



AMERICAN VETERANS INCORPORATION						TEE							
Principal Place of Business         Mailing Address           P.O. BOX 2236         P.O. BOX 2236           LEESBURG, FL 34749         US           LEESBURG, FL 34749         US			US			ą,	บุบุจ	JAOV	, ~				
2. Principal F	Place of Business - No P.O. Box #	3. Mai	ling Address										
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.			02252007 Chg-NP &CR2E037 (12/0				37"(12/06	)		
City & State City &			y & State				4. FEI Numb 59-612		9	معر	<u> </u>	<b>├</b> ──	Applied For Not Applicable
Zîp	Country	Zij	>	Cou	untry		5. Certificate	e of Sta	atus Desir	red	×	\$8.75 A	
	6. Name and Address of Current	t Registere	d Agent				7. Name and	d Add	ress of N	ew Re	gistered	Agent	
TRACY F	RANK 31				Name								
TRACY, FRANK 33343 SOMMERSET DR. LEESBURG, FL 34788					Street Address (P.O. Box Number is Not Acceptable)								
					City	<del></del>			<u> </u>	<del></del>	FL	Zip C	ode
0 The share	12. 1. 2. 4.									(5)			
	e named entity submits this statement fitions of registered agent.	or the purp	ose of changing its re	agistere	ed office or	registeri	ed agent, or bo	oth, in	the State	of Hon	da. Iam	tamiliar wi	th, and accept
_	-												
SIGNATURE													
,	Signature, typed or printed name of registered agen	nt and trile if app	oficable. (NOTE: F	Registere	d Agent signatu	re required	when reinstating)				DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Camp Trust Fund Co				\$5.00 May I Added to Fees					k payable	
	Due by May 1, 2007	IRECTORS	Trust Fund Co	ntributi	ion. l	LJ ·	Added to Fees	5		Florid	la Depa	rtment of	State
10.	• • • • • • • • • • • • • • • • • • • •	IRECTORS	Trust Fund Co		ion.	<u> </u>		5		Florid	la Depa	RECTORS	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	and I	Jouns	Frank	c.	Tracy,	Chapter	Adjutant	352	728-3998
	SIGNATURE AND	∞3/2	9/07	Daytime Phone #					