

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90003 039 ****70.00

DOCUMENT # 729289

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



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

Mailing Address
P.O. BOX 2236
LEESBURG, FL 34749 US

40103663



06232008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is \$61.25
Due by September 12, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	TRACY, FRANK	
STREET ADDRESS	33343 SOMERSET DR	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARRETT, JAMES	
STREET ADDRESS	510 MONTCLAIR ROAD	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, ROGER H	
STREET ADDRESS	918 CHULA COURT	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM	
STREET ADDRESS	116 SUNNYSIDE DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	PC	<input type="checkbox"/> Delete
NAME	GRZANICH, LARRY S	
STREET ADDRESS	4851 SAWGRASS LK CIR	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emory Clippert	
STREET ADDRESS	510 Montclair Rd.	
CITY-ST-ZIP	Leesburg, FL 34749	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

25-08 352-728-5918
Date Telephone #