

ANNUAL REPORT


FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90114 034 ****70.00

DOCUMENT # N03000008932 1. Entity Name THE AMERICAN LEGION AUXILIARY USS TAMPA UNIT 5, INC.	
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Principal Place of Business 3810 W. KENNEDY BLVD. TAMPA, FL 33609-2710	Mailing Address 3810 W. KENNEDY BLVD. TAMPA, FL 33609-2710
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



06292005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6145574	Applied For
	Not Applicable

8. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MATTHEWS, MARIANNE 2409 S. LOIS AVENUE TAMPA, FL 33629-5607	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 *Mariann Matthews* DATE 7/1/05

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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D HOOVER, MARY E 4107 WILSON AVE TAMPA, FL 33611-1339	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ARNOLD, SARA	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3626 S. GARDENIA AVENUE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 336598230	CITY - ST - ZIP	
TITLE	TD MATTHEWS, MARIANNE	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2409 S. LOIS AVENUE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 336295607	CITY - ST - ZIP	
TITLE	SD HAMBLIN, ROSE MARY	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4405 W. VASCONIA STREET	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 336298325	CITY - ST - ZIP	
TITLE	C ELSIE HALL	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3914 W. OKLAHOMA AVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33616-2412	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 *Mariann Matthews*