


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90180 011 ****70.00

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1. Entity Name
THE AMERICAN LEGION AUXILIARY USS TAMPA UNIT 5, INC.



Principal Place of Business
**3810 W. KENNEDY BLVD.
 TAMPA, FL 33609-2710**

Mailing Address
**3810 W. KENNEDY BLVD.
 TAMPA, FL 33609-2710**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**MATTHEWS, MARIANNE
 2409 S. LOIS AVENUE
 TAMPA, FL 33629-5607**



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6145574

Applied For
 Not Applicable

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

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 *Barbara Fuerst* **Barbara Fuerst** *4/16/07*
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 May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	HOOVER, MARY E	
STREET ADDRESS	4107 W LAWN AVE	
CITY-ST-ZIP	LAKELAND, FL 338111339	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, SARA	
STREET ADDRESS	3626 S. GARDENIA AVENUE	
CITY-ST-ZIP	TAMPA, FL 336598230	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATTHEWS, MARIANNE	
STREET ADDRESS	2409 S. LOIS AVENUE	
CITY-ST-ZIP	TAMPA, FL 336295607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAMBLIN, ROSE MARY	
STREET ADDRESS	4405 W. VASCONIA STREET	
CITY-ST-ZIP	TAMPA, FL 336298325	
TITLE	C	<input type="checkbox"/> Delete
NAME	HALL, ELSIE	
STREET ADDRESS	3914 W OKLAHOMA AVE	
CITY-ST-ZIP	TAMPA, FL 336162412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthews, Marianne	
STREET ADDRESS	2409 S. Lois Avenue	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Fuerst	
STREET ADDRESS	3608 S. Church	
CITY-ST-ZIP	Tampa, FL 33629	
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: *Barbara Fuerst* **Barbara Fuerst** *4/16/07* **813 839-3816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #