


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90024 014 \*\*\*\*70.00

**DOCUMENT # N03000008932**

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



03182008 Chg-NP CR2E037 (12/06)

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

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 **Barbara Fuerst**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3608 S. Church**  
 City **Tampa** **FL** Zip Code **33629**

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 T/O/RA DATE 3/19/08

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HOOVER, MARY E	4107 W LAWN AVE	LAKELAND, FL 338111339	<input checked="" type="checkbox"/>
D	ARNOLD, SARA	3626 S. GARDENIA AVENUE	TAMPA, FL 336598230	<input checked="" type="checkbox"/>
D	MATTHEWS, MARIANNE	2409 S. LOIS AVENUE	TAMPA, FL 336295607	<input type="checkbox"/>
SD	HAMBLIN, ROSE MARY	4405 W. VASCONIA STREET	TAMPA, FL 336298325	<input type="checkbox"/>
C	HALL, ELSIE	3914 W OKLAHOMA AVE	TAMPA, FL 336162412	<input type="checkbox"/>
TD	FURST, BARBARA	3608 S CHURCH	TAMPA, FL 33629	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Hamblin, Rose Mary	4405 W. Vasconia St.	Tampa FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Duffy, Alyse	3620 S. Republic Drive	Tampa FL 33629	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/O	Fuerst, Barbara	3608 S. Church	Tpa FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/O	Hamblin, Frances	6802 Mornay Ct	Tpa FL 33615	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 DATE 3/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #