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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000606 (0)**

1. Corporation Name
AMERICAN LEGION AUXILIARY - VOGEL - LEE UNIT #47, INC.



Principal Place of Business 212 NORTH J STREET LAKE WORTH FL 33460	Mailing Address 212 NORTH J STREET LAKE WORTH FL 33460
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3. Date Incorporated or Qualified
02/04/1997

4. FEI Number
59-2416-924

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**JORDAN, EMORY C III
415 SECOND AVE. NORTH
LAKE WORTH FL**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	P.D.
NAME	RATH, IDA	1.2 NAME	PORTNOY, CELINA
STREET ADDRESS	101 SO PALMWAY	1.3 STREET ADDRESS	3230 S. OCEAN BLVD.
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	PALM BEACH 33480
TITLE	VD	2.1 TITLE	
NAME	MAHONEY, JEAN	2.2 NAME	
STREET ADDRESS	1014 BLOXHAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	WHEELER, CAROLINE	3.2 NAME	
STREET ADDRESS	5230 ERIKA PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WARD, MONA	4.2 NAME	
STREET ADDRESS	702 HI STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LODDER, DELLA	5.2 NAME	
STREET ADDRESS	452 GULFSTREAM ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MERRIMAN, JOAN	6.2 NAME	
STREET ADDRESS	610 JACKSON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mona Ward* 3-19-98 511-965-4429

CR2E037 (10/97)