

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N97000000606**

1. Entry Name

**AMERICAN LEGION AUXILIARY - VOGEL - LEE UNIT #47**

Principal Place of Business

Mailing Address

~~212 NORTH J STREET  
LAKE WORTH FL 33460~~

~~212 NORTH J STREET  
LAKE WORTH FL 33460~~

2. Principal Place of Business

**2315 No DIXIE HWY**  
Suits, Apt. #, etc.

3. Mailing Address

**2315 No DIXIE HWY**  
Suits, Apt. #, etc.

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH FL**

4. FEI Number

**59-2416924**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**LS**

**FILE NOW: FEE IS \$61.25**  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	WENTWORTH, ROSEMARIE	<input checked="" type="checkbox"/> Delete
NAME		314 CYPRESS DR	
STREET ADDRESS		LAKE WORTH FL 33461	
CITY-ST-ZIP			
TITLE	<b>VD</b>	MAHONEY, JEAN	<input type="checkbox"/> Delete
NAME		1014 BLOXHAM STREET	
STREET ADDRESS		LANTANA FL 33462	
CITY-ST-ZIP			
TITLE	<b>SD</b>	WHEELER, CAROLINE	<input checked="" type="checkbox"/> Delete
NAME		1500 LUCERNE AVE #416	
STREET ADDRESS		LAKE WORTH FL 33460	
CITY-ST-ZIP			
TITLE	<b>TD</b>	WARD, MONA	<input checked="" type="checkbox"/> Delete
NAME		702 HI STREET	
STREET ADDRESS		LAKE WORTH FL 33460	
CITY-ST-ZIP			
TITLE	<b>C</b>	LODDER, DELLA	<input type="checkbox"/> Delete
NAME		2787 DUDLEY W #C	
STREET ADDRESS		WEST PALM BEACH FL 33415	
CITY-ST-ZIP			
TITLE	<b>D</b>	MERRIMAN, JOAN	<input checked="" type="checkbox"/> Delete
NAME		810 JACKSON AVE.	
STREET ADDRESS		LAKE WORTH FL 33463	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	Dolores Anthip	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6445 CYPRESS LANE	
STREET ADDRESS		LANTANA, FL 33462	
CITY-ST-ZIP			
TITLE	<b>D</b>	Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		JEAN MAHONEY	
STREET ADDRESS		120 20. BLYD AVE	
CITY-ST-ZIP		BONHTON BEACH 33435	
TITLE	<b>D</b>	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		DELITHA DICKMANN	
STREET ADDRESS		7214 E. OAKRIDGE RD/CLE	
CITY-ST-ZIP		LANTANA FL 33462	
TITLE	<b>T</b>	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		ELIZABETH DELUSO	
STREET ADDRESS		2441 GATETY DR. W106	
CITY-ST-ZIP		W.P.B. 33415	
TITLE	<b>C</b>	Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		DELLA LODDER	
STREET ADDRESS		2787 DUDLEY WMC	
CITY-ST-ZIP		WEST PALM BEACH 33415	
TITLE	<b>D</b>	Caroline Wheeler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1500 Lucerne Ave	
STREET ADDRESS		LAKE WORTH, FL 33460	
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: *Dolores Anthip*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-01

Date

Daytime Phone #

**FILED**

01 OCT -1 AM 9:26

SECRETARY OF STATE  
FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)