

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011371

DOCUMENT # **N97000000606**

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



FILED

04 MAR 18 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2315 N. DIXIE HIGHWAY  
LAKE WORTH FL 33460**

Mailing Address  
**2315 N. DIXIE HIGHWAY  
LAKE WORTH FL 33460**



**NO NOTARIAL FEE REQUIRED**  
CHECK HERE IF MAKING CHANGES **03-04**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2416924**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DICKMANN, DELITHA</b>	
STREET ADDRESS	<b>7214 E OAKRIDGE CIR</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MAHONEY, JEAN</b>	
STREET ADDRESS	<b>120 90TH BLVD., #1A</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHEELER, CAROLINE</b>	
STREET ADDRESS	<b>1500 LUCERNE AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PELUSO, ELIZABETH</b>	
STREET ADDRESS	<b>2641 GATETY DRIVE W #106</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>LODDER, DELLA</b>	
STREET ADDRESS	<b>2787 DUDLEY W #C</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRIMAN, JOAN</b>	
STREET ADDRESS	<b>610 JACKSON AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>500025558575</b>	
CITY-ST-ZIP	<b>12/17/03--01037--013 **\$61.25</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>500025558575</b>	
CITY-ST-ZIP	<b>03/18/04--01022--021 **\$236.00</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, MONA</b>	
STREET ADDRESS	<b>702 HI STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL. 33461</b>	
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 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:

SIGNATURE *Elizabeth Peluso*

12/10/03

561 968-9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)