

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90010 043 ****61.25

DOCUMENT # N98000001317

1. Entity Name

AMERICAN LEGION AUXILIARY STERLING MCCLELLAN UNIT NO. 142, INC.

Principal Place of Business

Mailing Address

171 S.W. 2ND STREET
 POMPANO BEACH FL 33060
 US

171 S.W. 2ND STREET
 POMPANO BEACH FL 33060
 US

133808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0700719

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

APPLETON, ELIZABETH A
 461 S.W. 1ST AVENUE
 POMPANO BEACH FL 33060

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: SELBY, DARLENE
 STREET ADDRESS: 15 N E 16TH AVENUE
 CITY-ST-ZIP: POMPANO BEACH FL 33060 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VPD
 NAME: ADAMS, CARMEL
 STREET ADDRESS: 751 CYPRESS LANE APT. #B
 CITY-ST-ZIP: POMPANO BEACH FL 33060 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VPD
 NAME: BROADHEAD, MARION
 STREET ADDRESS: 1674 S.E. 8TH AVE.
 CITY-ST-ZIP: DEERFIELD BEACH FL 33441 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: ST
 NAME: APPLETON, ELIZABETH A
 STREET ADDRESS: 461 S.E. 1ST AVE.
 CITY-ST-ZIP: POMPANO BEACH FL 33060 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: *Elizabeth A. Appleton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Elizabeth A. Appleton, Sec/Treas 1/28/02 954943-4448
 Date: 1/28/02 Daytime Phone #: 954943-4448

CR2E037 (9/01)