

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90104 048 ****70.00

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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

00011001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

65-0700719

Applied For

Not Applicable

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

NELSON, MARGARET F
 412 SO RYARESS RD., APT 208
 POMPANO BEACH FL 33060

Name *REGINA M. HAMMES*

Street Address (P.O. Box Number is Not Acceptable)

289 N.E. 45 COURT

POMPANO BEACH, FL

Zip Code *33064*

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

REGINA M. HAMMES, PRESIDENT
Regina M. Hammes
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when persisting) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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 S Delete
 NAME HAMMES, REGINA
 STREET ADDRESS 289 N.E. 45 CT.
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE PD Change Addition
 NAME REGINA M. HAMMES
 STREET ADDRESS 289 N.E. 45 COURT
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE PD Delete
 NAME DOLAN, CAULEEN
 STREET ADDRESS 1150 E. SAMPLE ROAD #206
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE STD Change Addition
 NAME MONICA GRAY
 STREET ADDRESS 421 S.E. 15TH TERRACE
 CITY-ST-ZIP POMPANO BEACH, FL 33060

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

TITLE Change Addition

TITLE TD Delete
 NAME NELSON, MARGARET F
 STREET ADDRESS 412 S. CYPRESS ROAD, APT. 208
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VPD Change Addition
 NAME BONNIE G. HATT
 STREET ADDRESS 350 S. CYPRESS RD. APT. 527
 CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE VPD Delete
 NAME CHAPMAN-THOMAS, BARBARA
 STREET ADDRESS 2108 S.W. NATURA BLVD.
 CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *REGINA M. HAMMES* *Regina M. Hammes* 4/3/06 954-943-2014