


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90178 027 ****70.00

DOCUMENT # N98000001317			
1. Entity Name AMERICAN LEGION AUXILIARY STERLING MCCLELLAN UNIT NO. 142, INC.			
Principal Place of Business 171 S.W. 2ND STREET POMPANO BEACH, FL 33060 US		Mailing Address 171 S.W. 2ND STREET POMPANO BEACH, FL 33060 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02012007		Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0700719		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAMMES, REGINA 289 N.E 45 CY POMPANO BEACH, FL 33064		Name <u>HAMMES, REGINA</u> Street Address (P.O. Box Number is Not Acceptable) <u>708 S.W. 75 AVE.</u> <u>NORTH LAUDERDALE</u> <u>33068</u> City <u>FL</u> 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 <u>REGINA HAMMES, PRESIDENT Regina M. Hammes Feb. 1, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (If 12), Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMES, REGINA	NAME	HAMMES, REGINA
STREET ADDRESS	289 N.E. 45 CT.	STREET ADDRESS	708 S.W. 75 AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, MONICA	NAME	
STREET ADDRESS	421 S.E. 1ST TERRACE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADHEAD, MARION	NAME	
STREET ADDRESS	1674 S.E. 8TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATT, BONNIE G	NAME	ELAINE RAFAIKO
STREET ADDRESS	350 S CYPRESS RD, APT 527	STREET ADDRESS	406 S. CYPRESS RD, APT. #324
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN-THOMAS, BARBARA	NAME	
STREET ADDRESS	2108 S.W. NATURA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TERESA BOIVIN
STREET ADDRESS		STREET ADDRESS	101 S.E. 8 ST.
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BEACH, FL 33060
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <u>REGINA HAMMES, PRESIDENT Regina M. Hammes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/1/07</u> Daytime Phone # <u>954-729-5503</u>	