

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2010
Secretary of State**

DOCUMENT# N98000001317

Entity Name: AMERICAN LEGION AUXILIARY STERLING MCCLELLAN UNIT NO. 142, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0700719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN-THOMAS, BARBARA
2108 SW NATURA BLVD
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: REGINA HAMMES
Address: 708 SW 75 AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: STD
Name: BARBARA CHAPMAN-THOMAS
Address: 2108 SW NATURA BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: CT
Name: BROADHEAD, MARION
Address: 1674 S.E. 8TH AVE.
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPD
Name: LENORE STRIBLING
Address: 3790 NE 4 TERR
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD
Name: HATT, BONNIE
Address: 350 S CYPRESS RD #527
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD
Name: HENDERSON, SANDI
Address: 321 SE 1 TERR
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA CHAPMAN-THOMAS

VPRE

01/29/2010

Electronic Signature of Signing Officer or Director

_____ Date