

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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90244 012 \*\*\*61.25

**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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **Margaret F. Nelson**  
Street Address (P.O. Box Number is Not Acceptable) **412 So Cypress Rd - apt 208**  
City **Pompano Bch** FL Zip Code **33060**

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 *Margaret F. Nelson*  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SELBY, DARLENE 15 N E 16TH AVENUE POMPANO BEACH FL 33060</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ADAMS, GARNEL 751 CYPRESS LANE APT. #B POMPANO BEACH FL 33060</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BROADHEAD, MARION 1674 S.E. 8TH AVE. DEERFIELD BEACH FL 33441</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST APPLETON, ELIZABETH A 461 S.E. 1ST AVE. POMPANO BEACH FL 33060</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Selby Darlene J 15 N E 16th Avenue Pompano Bch 33060</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cauleen Nolan President 2400 NE 16th St apt 114 Pompano Bch 33062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chaplain Broadhead Marion J 1674 SE 8th Avenue J Deerfield Bch, fl 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Margaret F Nelson J 412 So Cypress Rd Pompano Bch fl 33060</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bonnie Holt Vice President J 350 So Cypress Rd - apt 527 Pompano Bch fl 33060</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd V.P. Rose Russell J 830 SW 7th Dr J Pompano Bch fl 33060</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (1/0/02)

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 information.

SIGNATURE: *Margaret F. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/14/03** Daytime Phone # **9549433795**