

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001317

**FILED**  
**Feb 02, 2014**  
**Secretary of State**  
**CC4834172398**

**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

**Current Mailing Address:**

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

**FEI Number: 65-0700719**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name HATT, BONNIE  
Address 350 S CYPRESS DR  
#527  
City-State-Zip: POMPANO BEACH FL 33060

Title STD  
Name RUGG, JEAN  
Address 2356 NW 37 AVE  
City-State-Zip: COCONUT CREEK FL 33066

Title CT  
Name CONNELL-BROWN, SUE  
Address 600 NE 59 CT  
City-State-Zip: FT LAUDERDALE FL 33334

Title VPD  
Name TODERO, PAT  
Address 9826 MARINA BLVD  
#1027  
City-State-Zip: BOCA RATON FL 33428

Title VPD  
Name GRAY, MONICA  
Address 421 SE 1 TERRACE  
City-State-Zip: POMPANO BEACH FL 33060

Title TD  
Name CHAPMAN-THOMAS BARBARA  
Address 2108 SW NATURA BLVD  
City-State-Zip: DEERFIELD BEACH FL 33441

*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**

**TREASURER**

**02/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date